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Borough of



Dewsbury.

ANNUAL REPORT

UPON THE

HEALTH OF DEWSBURY

For the Year 1910.

BY T. O. HALLIWELL, D.P.H.

MEDICAL OFFICER OF HEALTH.

DEWSBURY

W. DENNIS & SON, PRINTERS, CORPORATION STREET,

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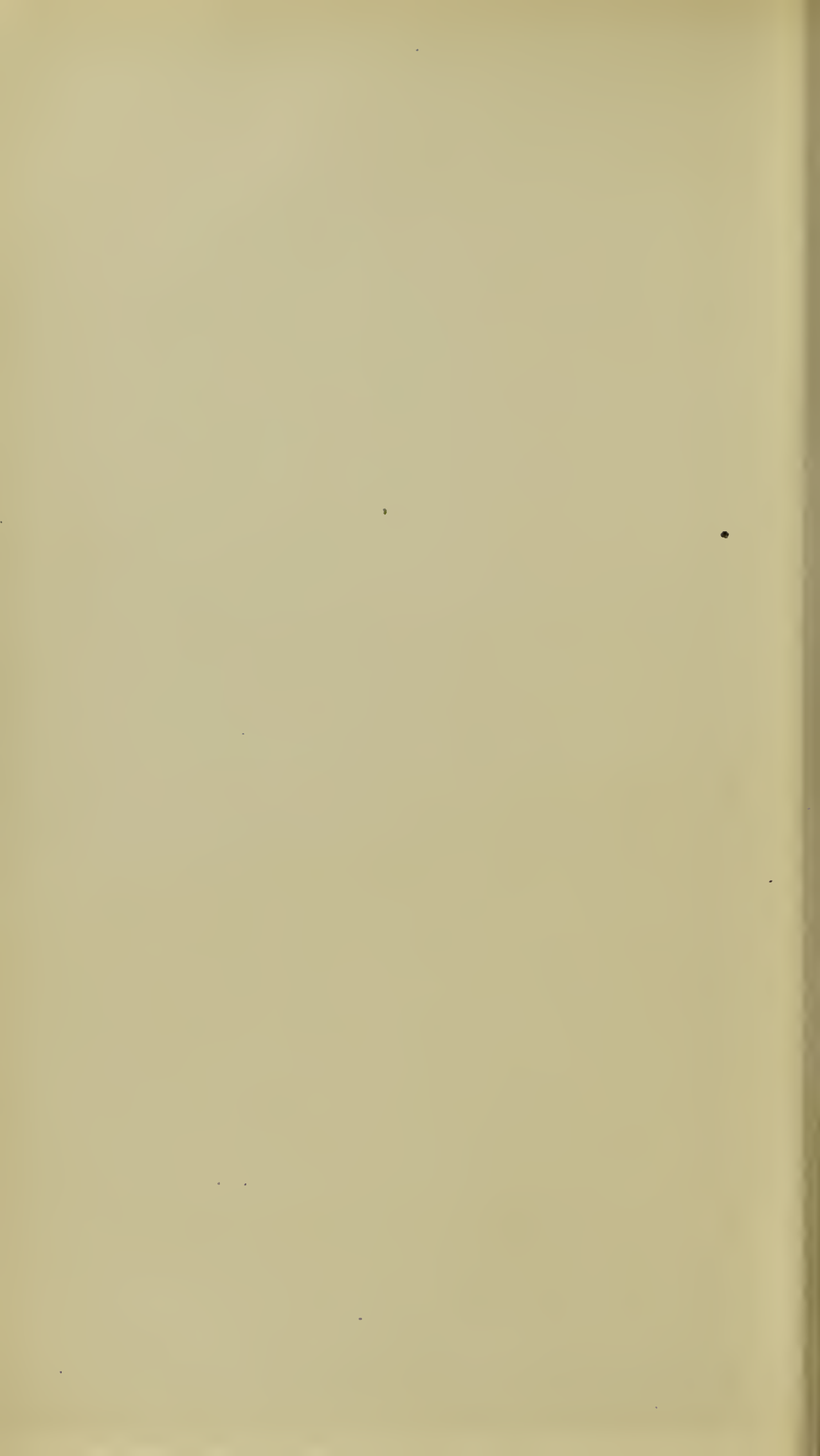
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1911.



HEALTH DEPARTMENT,
TOWN HALL,
DEWSBURY.

*To the Chairman and Members of the Health Committee
of the Dewsbury Town Council.*

GENTLEMEN,

I have the honour to present to you the Annual Report upon the vital statistics, the sanitary condition, and the progress of the Borough of Dewsbury for the year 1910.

The year is a memorable one in the History of Dewsbury.

The Borough has been incorporated with several adjoining areas and is now listed as one of the 77 Great Towns of England and Wales, whereas before April 1st it was one of the Smaller Towns.

The area is now 6,726 acres whereas 1,471 was the correct figure.

The estimated population has risen from 26,687 to 51,224, and one awaits with interest the publication of figures which will show the exact population, 1911 being a census year.

The Amalgamation Order has not effected the Registration Districts, so that births and deaths are registered as before, with the four Registrars concerned. I have arranged with the Registrars of the Sub-registration Districts of Mirfield (Ravensthorpe being a part of the Mirfield Sub-registration District), Thornhill and Soothill, to send me weekly the particulars of births and deaths registered as having taken place in the several areas incorporated with the Old Borough of Dewsbury, and other information on the same lines to what I have received weekly from the Registrar of the Dewsbury Sub-registration District in years past.

At some little extra trouble I have included in the statistics all matters relating to Thornhill, Ravensthorpe, Soothill Nether, and part of Soothill Upper now in Dewsbury, for the months of January, February and March, viz.: the three months when they were separate districts, in order to make the whole complete for the year. This report pertains to the whole Borough as now constituted, and as if so constituted on January 1st instead of April 1st.

Matters in this report may seem superfluous to members of the Health Committee and to the Council. They already have knowledge of these things, but the Local Government Board in their instructions to Medical Officers of Health, state definitely upon what lines the reports must be compiled. They say "With regard to the preceding points it should be remembered that these reports are for the information of the Board and of the County Council as well as of the Council of the District, and that a statement of the local circumstances and a history of local Sanitary questions which may seem superfluous for the latter, may often be needed by the former bodies."

I am, Gentlemen,

Your obedient Servant,

T. O. HALLIWELL.

February, 1911.



Borough of



Dewsbury.

ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year 1910.

STATISTICAL SUMMARY, 1910.

Estimated mean population	...	...	...	51,224
Area in acres (excluding inland water)	...	...	...	6,597
Birth rate per 1,000 living ...	...	...	...	20·7
Net death rate at all ages per 1,000 living	...	...	...	16·5
Infantile mortality per 1,000 births ...	...	...	...	147
Death rate per 1,000 living from the seven principal zymotic diseases	...	...	...	1·07
Tubercular (all forms) death rate per 1,000 living	...	...	...	1·2
Consumption death rate per 1,000 living	...	...	...	0·8
Respiratory death rate (excluding consumption) per 1,000 living	...	...	...	2·7
Excess of registered births over net deaths	...	...	...	215

Dewsbury is situated in the West Riding of Yorkshire and is in the Calder Valley. It is a hilly district, the centre of the Market Place is 126 feet above the sea level; the highest point is in the Thornhill sub-area and on the boundary at Grange Moor, and is 715 feet above sea level. A large part of the Thornhill area is rural, the rest of the Borough is urban, with the exception of a very small area in Soothill.

Dewsbury is not a residential district, all its occupants having some daily avocation. It is said to be the centre of the Heavy Woollen District.

The chief occupations of the inhabitants are in connection with manufacture of cloth, blankets, and coal mining. In addition to mines and factories there are all the minor occupations subsidiary to and connected with them, and with the existence of a large town. The rural parts chiefly consist of milk farms, the milk produced being practically all consumed by the inhabitants of the Borough.

THE AREA OF THE BOROUGH is 6,726 statute acres, including land and inland water, the area of land alone is 6,597 statute acres.

				AREA IN STATUTE ACRES.		
				Land and Inland Water.	Inland Water only.	Land only.
Dewsbury (Old Borough)	...	...	...	1471	36	1435
Districts added to Old Borough:—						
Ravensthorpe	...	...	...	372	14	358
Soothill Nether	...	..	...	563	6	557
Soothill Upper (part)	...	...	...	714		714
Thornhill	...	...	...	3606	73	3533
Total	...	...	...	6726	129	6597

POPULATION OF THE BOROUGH.—The population of the Borough at the end of June was estimated to be 51,224. I have obtained the figures from the Registrar General, and the estimated population of the several areas is as follows:—

Dewsbury Old Borough	...	...	26,687
Ravensthorpe	...	..	6,243
Soothill Nether	...	...	5,524
Soothill Upper (part)	...	...	1,731
Thornhill	...	...	11,039
Total	...	...	51,224

NOTE.—The estimated population of that part of Soothill Upper added to Dewsbury is practically three-elevenths ($\frac{3}{11}$) of the population of the whole of Soothill Upper without division between Dewsbury and Batley, and this fraction is used in working out the populations at the two last census periods.

The above figures showing the estimated populations are the figures upon which the various rates will be calculated.

Populations at the two last census years :—

	Persons.		Males.		Females.	
	1891.	1901.	1891.	1901.	1891.	1901.
Dewsbury	29847	28060	14076	13090	15771	14970
Ravensthorpe	5182	5699	2511	2692	2671	3007
Soothill Nether	5645	5552	2713	2621	2932	2931
Soothill Upper (part)	1595	1665	783	809	812	855
Thornhill	9606	10290	4676	4850	4930	5440
	50875	51266	24759	24062	27116	27203

The year 1911 is a census year and it will be interesting to compare the figures of the estimated population with the correct ones.

DENSITY OF POPULATIONS.—The density of the several areas in 1901, and the estimated density at the middle of 1910 are shown in the following Table, also the number of persons per inhabited house in 1901 :—

(The area covered by water is excluded in the calculations).

	Number of Persons per Acre.		Persons per House.
	1901.	1910.	1901.
Dewsbury Old Borough	19·3	18·5	4·2
Ravensthorpe	15·9	17·4	4·1
Soothill Nether	9·9	9·9	3·9
Soothill Upper (part)	2·3	2·4	4·3 (whole area)
Thornhill	2·8	3·1	4·5
Whole Area	7·7	7·7	4·2

BIRTHS.—The total number of births registered in the whole Borough during the year was 1,061, of these 547 were males and

514 females, so that for every 100 males born there were 93·9 females born.

According to the returns received from the four Registrars, the following Table shows the number of births from each district for each month of the year, and also the birth rate per 1,000 living for the year for each district :—

Month.	Dewsbury.			Ravensth'pe.			Soothills.			Thornhill.			Totals.		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
January ...	19	21	40	17	15	32	10	7	17	36	29	65	126	124	250
February ...	18	21	39				3	5	8						
March ...	21	21	42				2	5	7						
April ...	30	24	54	7	1	8	3	6	9	8	7	15	48	38	86
May ...	25	27	52	4	3	7	4	3	7	11	4	15	44	37	81
June ...	33	23	56	8	3	11	5	10	15	12	8	20	58	44	102
July ...	21	25	46	7	4	11	5	7	12	11	7	18	44	43	87
August ...	27	18	45	7	6	13	6	5	11	14	13	27	54	42	96
September ...	29	33	62	4	4	8	10	6	16	6	12	18	49	55	104
October ...	20	22	42	4	6	10	4	3	7	13	5	18	41	36	77
November ...	20	26	46	3	8	11	6	5	11	11	11	22	40	50	90
December ...	22	19	41	2	5	7	7	8	15	12	13	25	43	45	88
Totals	285	280	565	63	55	118	65	70	135	134	109	243	547	514	1061
Birth Rate per 1,000 living ...	21·17			18·08			18·53			22·01			20·71		

The above shows that Thornhill comes first with a birth rate of 22·01, and the Old Borough second with a rate of 21·17, which is an increase on that of the previous year. The rates of these two areas are above, and those of Ravensthorpe and Soothills below the rate for the whole Borough. The rate for each area has been of course calculated on the estimated population for that area.

The number of births for several years past is shown in the following Table :—

	Number of Births.										
	Average 10 years. 1891-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Dewsbury Old Borough ...	761	689	635	660	671	653	639	592	592	559	565
Ravensthorpe ...				117	103	127	132		119		118
Soothill Nether ...				125	118	124	117		106	}	135
Soothill Upper (part) ...											
Thornhill ...		293	256	285	256	269	247	243	272	266	243

THE BIRTH RATE in 1910 was equivalent to 20·71 per 1,000 living, so that, although the rate for the Old Borough was slightly in excess of that for 1909, the birth rate for the whole area is a small fraction less than it was for the previous year.

The decrease is not, however, so marked as is the decrease for the rest of the country, as is shown in the following Table :—

	Birth Rate per 1,000 of Population.										
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
England and Wales	29·9	28·5	28·6	28·4	27·9	27·2	27·0	26·3	26·5	25·6	24·8
72 Gt. Towns					29·1	28·2	27·9	27·0	27·0	25·7	25·0 (e)
142 Smaller Towns ...					27·5	26·9 (a)	26·5	25·7	26·0	24·8 (c)	23·7 (f)
England and Wales less the 218 towns ...					26·8	26·3 (b)	26·3	25·6	26·2	25·6 (d)	25·0 (g)
Dewsbury ...	26·26	24·6	22·8	23·8	24·39	23·89	23·44	21·83	21·93	20·72	20·71

(a) 141 smaller towns.

(b) Less the 217 towns.

(c) 143 smaller towns.

(d) Less the 219 towns.

(e) 77 great towns.

(f) 136 small towns.

(g) 213 towns.

The above figures show that last year's rates are the smallest recorded.

The natural increase of the population is the excess of births over the net deaths. The following Table shows the natural increase in the several areas, as far as I have the data.

Year	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Dewsbury	217	128	193	131	156	101	127	131	133	101	131	142	100	79	50	77
Ravensthorpe ..			42	11	28	25			27	24	16	44		12		34
Soothill Nether ..			43	39	52	31			27	19	22	23		-7		14
Thornhill			109	100	133	142			128	110	116	74	106	108	102	90

NOTE.—Soothill Upper has been excluded owing to the difficulty in correctly estimating the increase in a part of a divided area.

ILLEGITIMATE BIRTHS.—In the whole Borough there were during the year 53 illegitimate births, 25 being males and 28 females. Of these, five were births of children whose mothers had come into a Public Institution in Dewsbury for their confinements.

The 48 resident illegitimate births were distributed as follows :

Dewsbury 35, Ravensthorpe 3, Soothill 2, Thornhill 8.

In the Dewsbury Old Borough alone the ratio of illegitimate births per 1,000 births was as follows :—

1903	...	...	...	...	62.12
1904	...	...	...	...	64.08
1905	...	...	...	...	78.01
1906	...	...	...	...	54.77
1907	...	...	...	...	89.5
1908	...	...	...	...	84.4
1909	...	...	...	...	98.3
1910	...	...	...	...	62.5

The ratio of illegitimate births per 1,000 births for the whole of the Borough during 1910 was 49.09.

DEATHS.—The total number of deaths registered with the four Registrars as having taken place in the whole of Dewsbury during 1910, is 912—455 males and 457 females. To arrive at the number of “net deaths” and also the death rate of the Borough, the number of deaths of Dewsbury “residents” occurring outside the district must be added, and the number of deaths of “non-residents” occurring in the Borough must be subtracted.

Dewsbury M.B. Calculation of net total deaths belonging to the district, 1910.

	Males.	Females.	Persons.
Total deaths registered in district ...	455	457	912
Add deaths of “residents” of Dewsbury occurring in Public Institutions outside the district	8	8	16
	463	465	928
Subtract deaths of “non-residents” occurring in Public Institutions within the district	46	36	82
Net total deaths belonging to the district	417	429	846

The number of net deaths and the percentage of total deaths occurring during each month of the year, and each quarter for the whole Borough, is shown in the following Table :—

1910.	Persons.	Males.	Females.	Percentage of Total Deaths.	Persons.	Males.	Females.	Percentage of Total Deaths.
	Persons.			Persons.	Persons.			Persons.
January ...								
February ...								
March ...								
1st Quarter ...					247	124	123	29.19
April ...	62	29	33	7.33				
May ...	79	44	35	9.34				
June ...	40	17	23	4.72				
2nd Quarter ...					181	90	91	21.39
July ...	58	29	29	6.85				
August ...	64	32	32	7.57				
September ...	68	30	28	8.04				
3rd Quarter ...					190	91	99	22.46
October ...	63	33	30	7.45				
November ...	78	42	36	9.21				
December ...	87	37	50	10.28				
4th Quarter ...					228	112	116	26.95
Total 1910					846	417	429	

DEATH RATE.—The mean population for the year being estimated to have been 51,224 persons, and the net total deaths from all causes belonging to the whole district being 846, the general death rate for the year was 16.5 per 1,000 living.

For the purpose of comparison, the following Table of death rates of the rest of the country is given :—

	Annual Death Rate per 1,000 living from all causes.										
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
England and Wales ...	18.2	16.9	16.2	15.4	16.2	15.2	15.4	15.9	14.7	14.5	13.4
76 Great Towns ...			18.5	17.3	17.2	15.7	16.0	15.4	14.9	14.7	13.4(e)
142 Smaller Towns ...					15.6	14.4*	14.4	14.5	14.0	13.9(b)	12.4(f)
England and Wales, less the 218 towns					15.3	14.9†	15.0	14.7	14.7	14.5(c)	13.6(g)
Dewsbury M.B. ...	21.29	20.1	18.1	19.0	20.72	19.09	18.23	18.14	19.0	18.87	16.5

* 141 smaller towns. † England and Wales, less the 217 towns. (b) 143 smaller towns. (c) Less the 219 towns. (e) 77 great towns. (f) 136 small towns. (g) 213 towns.

The crude death rates for the several areas of the Borough during 1910, calculated according to their estimated populations, were :—

Dewsbury Old Borough	...	18·2 per 1,000 living.
Ravensthorpe ...	...	13·4 „ „
Soothills ...	...	16·6 „ „
Thornhill ...	...	13·8 „ „

Calculation of the number of deaths belonging to each locality is derived in the following way :—

Take the number of deaths registered in the locality.

Add (1) The number of deaths of residents of this locality who died in another locality of the Borough.

(2) The number of deaths of residents of this locality who died outside the Borough.

Subtract (1) The number of deaths of residents of other localities of the Borough which took place in the locality.

(2) The number of deaths of non-residents of the Borough taking place in the locality.

The net result gives the net deaths belonging to the locality.

The following Table worked out on the above lines gives the net deaths from each of the four sub-registration districts of the Borough.

LOCALITY.	Total numbers of Deaths Registered in the locality.		Number of Deaths of residents of locality dying in Institution outside the Borough.		Number of Deaths of locality dying in Institution in another locality of the Borough.				Number of non-residents of the Borough dying in Public Institution in the locality.		Number of Deaths of residents of other localities of the Borough dying in this locality.								Net Deaths belonging to the locality.	
	M.	F.	Total.	M.	F.	Total.	Dewsbury.	Ravens-thorpe.	Soothills.	Thornhill.	M.	F.	Total.	Dewsbury.	Ravens-thorpe.	Soothills.	Tbarnbill.	M.	F.	Total.
Dewsbury	308	274	582	3	4	7					45	35	80					254	234	488
Ravensthorpe	32	39	71	1	3	4	2	5	7		1	1	2	4	1	5	1	36	48	84
Soothills	57	63	120		2	2	8	3	11			1						57	64	121
Thornhill	61	80	141	1			6	2	8	2	1	3						70	83	153

The following Table shows the age periods of deaths of Dewsbury Residents, including those who have died in Public Institutions outside the Borough. The deaths are allotted to each locality.

	1 year.		1-2		2-3		3-4		4-5		Total under 5 years.		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		Over 75		Total 5-75		Total all Ages.			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Dewsbury	...	55	35	19	11	5	5	1	1	1	2	81	54	4	7	1	5	4	5	1	11	16	18	19	26	24	31	34	47	39	25	35	173	180	254	234	488	
Ravensthorpe	...	8	4	2	3	1	1	1	1	2	11	11	1	1	2	1	1	1	2	5	4	4	5	2	7	5	2	6	3	11	25	37	36	48	84			
Soothills	...	8	10	3	3	1			1	1	12	15	1	2			1	3	4	5	6	7	3	15	8	9	12	4	13	43	51	57	64	121				
Thornhill	...	21	15	4	2	1	1		2	26	20	1	1	1	3	1	4	5	5	2	6	10	8	12	13	9	15	4	7	44	63	70	83	153				
		92	64	28	19	8	7	1	3	1	7	130	100	7	11	1	4	6	8	7	6	21	30	29	35	48	37	65	60	67	72	36	66	285	331	417	429	846

The following table gives the chief causes of deaths at certain age periods of residents of each locality, whether occurring in or beyond the locality.

CAUSES OF DEATHS.	DEWSBURY.						RAVENSTHORPE.						SOOTHILLS.						THORNHILL.						TOTALS. All ages Whole b'rg.
	Under 1 yr.	1-5	5-15	15-25	25-65	Over 65	Under 1 yr.	1-5	5-15	15-25	25-65	Over 65	Under 1 yr.	1-5	5-15	15-25	25-65	Over 65	Under 1 yr.	1-5	5-15	15-25	25-65	Over 65	All ages
	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages	ages
Smallpox	2	12	1			14														1	1				15
Measles	1	1				3														1	1				4
Scarlet Fever...	2	3	2			5														2	2				10
Whooping Cough						2														1	1				7
Diphtheria						2														1	1				1
Croup						2																			7
Enteric Fever			1			4																			1
Epidemic Influenza			1	1		11			1		2											1			7
Cholera																							2		18
Plague																									
Diarrhoea	6	2				9																			14
Enteritis	3	1				6		1																	7
Gastritis	1	3				6																			6
Puerperal Fever						2																			5
Erysipelas						1																			2
Phthisis			1	2		24				2															42
Other Tubercular Diseases	5	3	1	2		13																			22
Cancer						8																			54
Bronchitis	4	4				35																			7
Pneumonia	12	11	3	1		44		1																	10
Pleurisy						44		2	1																73
Other Diseases of Respiratory Organs						3																			66
Alcoholism and Cirrhosis of Liver						1																			6
Veneral Diseases						1																			2
Premature Birth	18					18																			1
Diseases and Accidents of Parturition	2					3																			34
Heart Diseases			1	1		50																			6
Accidents	1			1		4			1																84
Suicides						1																			11
All other Causes	33	5	3	6	48	81		3	1		16	14	37	3	1		25	21	15	4			24	67	339
Totals	90	45	13	15	179	146	12	10	4	2	34	22	84	18	9	3	51	38	36	10	3	8	61	35	846

The death rate for the whole Borough was 16·5, the highest rate considering the areas was in the Dewsbury area, and the lowest in the Ravensthorpe area. The rate for the whole country was the lowest on record.

The Dewsbury sub-district rate was a little lower than last year. The preceding table shows that in the whole Borough and in each area, the chief causes of deaths have been diseases of the respiratory organs, bronchitis and pneumonia, heart diseases, tubercular diseases, and cancer. With respect to age periods, the two extremes of life, have, as usual, shown large figures.

In comparing the age periods of deaths in each area, it will be noticed that there was a comparatively large number of deaths of persons over 65 years of age in the Dewsbury area. The ratios of these deaths per population in each area are:—Dewsbury 1 to 184, Ravensthorpe 1 to 284, Soothills 1 to 191, and Thornhill 1 to 315.

If the same ratio applied in each area as in the Dewsbury area, then the number of deaths at this age period would have been 34 in Ravensthorpe, 40 in Soothills, and 60 in Thornhill, instead of 22, 38 and 35 respectively.

I think the comparatively large number of deaths of old people in the Dewsbury area means that there is a comparatively large number of people living belonging to this age group compared with other groups, when contrasted with these groups in the other areas, especially Ravensthorpe and Thornhill. It is well known that for some years Dewsbury residents have been removing into the adjoining areas, especially into Ravensthorpe and Thornhill, and more recently into Soothill, and it is certainly the younger adult who have removed in much greater proportion than older people.

INFANTILE MORTALITY.—During the year 1910 there were 156 deaths of children under one year old in the Borough of Dewsbury, this being equal to an infantile mortality of 147·12 per 1,000 births.

The distribution of deaths amongst the four sub-registration districts was as follows:—

	Male.	Female.	Total.	Rate per 1,000 births for each district.	
Dewsbury	55	35	90	...	159·0
Ravensthorpe	8	4	12	...	101·7
Soothills	8	10	18	...	133·3
Thornhill	21	15	36	...	148·0
	92	64	156		

The infantile deaths were distributed amongst the various months of the year as follows:—

	Dewsbury.			Ravensthorpe.			Soothills.			Thornhill.			Totals.		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
January ...	6	7	13	1	1	2	2	1	3	4	2	6	13	11	24
February ..	3	4	7	1	..	1	2	..	2	3	2	5	9	6	15
March ...	5	2	7	..	..	..	..	2	2	1	..	1	6	4	10
1st Quarter ..	14	13	27	2	1	3	4	3	7	8	4	12	28	21	49
April ...	5	1	6	..	..	..	..	..	..	1	..	1	6	1	7
May ...	10	2	12	2	..	2	1	2	3	2	..	2	15	4	19
June ...	4	2	6	1	..	1	..	2	2	..	..	..	5	4	9
2nd Quarter...	19	5	24	3	..	3	1	4	5	3	..	3	26	9	35
July ...	4	2	6	..	..	..	..	1	1	1	..	1	5	3	8
August ..	5	3	8	..	..	..	..	..	..	1	1	2	6	4	10
September ...	1	3	4	..	1	1	2	..	2	2	2	4	5	6	11
3rd Quarter...	10	8	18	..	1	1	2	1	3	4	3	7	16	13	29
October ...	3	4	7	1	1	2	..	1	1	3	2	5	7	8	15
November ...	2	2	4	2	..	2	1	..	1	2	2	4	7	4	11
December ...	7	3	10	..	1	1	..	1	1	1	4	5	8	9	17
4th Quarter...	12	9	21	3	2	5	1	2	3	6	8	14	22	21	43
Totals ...	55	45	90	8	4	12	8	10	18	21	15	36	92	64	156

The following Table shows the infantile mortality in Dewsbury and other parts of the country for the past ten years:—

	Number of Deaths under 1 year of age to 1,000 Births.										
	Average, 10 years, 1891-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.
England and Wales ..	154	151	133	132	146	128	133	118	121	109	106
West Riding ..	164	168	..	..	..	..	..	..	138	111	..
76 Gt. Towns ..	..	..	145	..	160	140	146	127	128	118	115(d)
142 Smaller Towns ...	..	..	..	144	154	132*	138	122	124	111(b)	104(e)
England and Wales less the 218 Towns ..	..	..	..	..	125	113†	115	106	110	98(c)	96(f)
Dewsbury ..	190·5	177	135	177	165	189	170	153	165	153	147

* 141 smaller towns. † England and Wales, less the 219 towns. (b) 143 smaller towns. (c) Less the 219 towns. (d) 77 great towns. (e) 136 small towns. (f) Less the 213 towns.

The next Table compares the total number of infantile deaths from the various causes during the year 1910, with those of the five previous years, occurring in the sub-registration district of Dewsbury.

DISEASES.	Totals. 1910.	Totals. 1909.	Totals. 1908.	Totals. 1907.	Totals. 1906.	Totals. 1905.
PREVENTABLE.						
Measles	2	...	2	2	5	3
Chicken-pox ... ..	..	...	1	...	..	...
Scarlet Fever	1	...	...	...	...	...
Diphtheria ... ..	...	...	...	...	...	...
Croup ... ..	...	...	...	...	...	...
Whooping Cough	2	3	4	...	9	3
Diarrhœal Diseases—						
Diarrhœa	6	5	18	2	13	21
Enteritis	3	...	3	...	6	2
Gastro Enteritis ... ..	...	..	...	...	...	...
Gastrites and Gastro- intestinal Catarrh	1	1	1	4	3	3
Tubercular Meningitis	1	7	1	..	1	1
Tubercular Peritonitis	3	..	...	...	...	1
Other Tubercular Diseases	1	1	1	2	1	...
Erysipelas ... ..	...	1	..	1	...	2
Syphilis ... ..	...	3	...	1	3	4
Rickets ... ..	...	..	3	...	...	1
Accidents and Negligence	3	2	..	..	4	4
Want of Breast Milk	1	3	2	1	1	...
Other Causes	1	...	...	...	1	...
NON-PREVENTABLE.	25	26	36	13	47	44
Premature Birth	18	16	8	18	14	19
Congenital and Developmental Defects	5	7	4	3	5	...
Injury at Birth ... ..	...	...	...	...	...	...
Other Causes	1	...	1	..	1	...
DOUBTFULLY PREVENTABLE.	24	23	13	21	20	19
Atrophy, Debility, Inanition and Marasmus	15	19	16	19	18	19
Meningitis (not Tubercular)	2	1	2	1	2	3
Convulsions	6	4	7	9	5	6
Bronchitis	4	4	7	12	6	11
Laryngitis ... ..	...	1	...	...	...	...
Pneumonia	12	7	13	12	7	15
Dentition ... ..	...	...	...	...	...	4
Other Causes	2	1	4	4	4	2
	41	37	49	57	42	60
TOTALS	90	86	98	91	109	124

The infantile death rate for the whole Borough and each area was considerably higher than that for England and Wales, with the exception of the Ravensthorpe area, which was slightly less, and also less than the rates for the towns, either great or small, of England and Wales, which is very satisfactory.

Table V. at the end of this report shows the infantile mortality in detail, from stated causes in weeks and months. 72 out of the total 156 infantile deaths took place before the children reached the age of one month, and of this large percentage (45 per cent.) nearly one half were due to premature birth. There were 22 deaths from debility and wasting and 12 from congenital defects. These three causes of themselves accounted for 68 out of the 156, which means that nearly half of the infants which died had very little chance, indeed, some had none, of surviving their birth very long.

29 died from inflammation of the respiratory organs, viz.:—bronchitis and pneumonia. There is no doubt that children contract these illnesses from unnecessary exposure, especially at night. There are examples of children being kept indoors the whole of the day and then taken out at night, in weather at times bad, whereas the reverse should be the case. It is often due to want of thought.

Diarrhœal diseases caused 13 deaths, of these there was certainly improper feeding in five cases, four of these were on the Town Matron's visiting list and the parents had been properly advised with respect to feeding their infants, but did not act upon it entirely, the fifth child was not on the visiting list, as we had no cognizance of its existence, it having been born elsewhere than in Dewsbury. Four diarrhœa deaths may certainly be said to have been caused by the dirty condition of the food or the feeding bottles.

Sixteen died from convulsions, the actual causes of the convulsions not being stated or evident.

That infantile mortality is largely a social question, is in my opinion unquestionable. In spite of the endeavours of the Health Authority the death rate is high, but I am convinced that it would have been higher last year than it was but for the Health Authority. There are many cases where it is reasonable to suppose that a particular infant would have died but for help and advice given. The following are a few of many cases which could be cited, showing the kind of work done by the Town's Matron, and the satisfactory results obtained.

CASE 1.—Father ill at the time of this child's birth, and had been out of work for several weeks. Mother was supplied with nourishment, and later for about three months the baby was supplied with food; part of that time the father was in the Infirmary, and the mother was earning 10/- weekly. There were two older children living, but the two who were born before this baby had both died from illnesses brought on through carelessness. In good condition at 12 months.

CASE 2.—This child was in good condition at birth and when visited nine days afterwards; in six weeks the child was found in a very emaciated condition, the mother having nearly lost all her milk, this being evidently due to the fact that she was working very hard on insufficient proper food. The family were living in two rooms with other four adults. The parents of the baby were persuaded to go into a home of their own, and as the father was only earning 18/6 per week, they were advised not to get into debt for expensive furniture. For a few months the mother was supplied on alternate weeks with nourishment, with the result that her milk improved. The advice given was acted upon, and at 12 months the child was in splendid condition.

CASE 3.—There were three children living out of seven. The baby, aged six months, had been born out of Dewsbury; it was found in a very dirty condition and very ill, the house and child's bed were very dirty, and baby's long tubed bottle filthy, and baby being nursed by a man who lodged at the house. The mother worked nearly a mile from home and had to be at her work at six a.m., she did not come home to dinner, and therefore did not see the baby again until the evening. Baby was being fed on fish and chips during the week and stew on Sundays, although the doctor had ordered only barley water and milk. Proper bottles were provided, child visited frequently, and mother informed that if any more solid food was given, she would get into trouble if the child died. The advice given was carried out, and in spite of the fact that at first the mother resented being visited, at the end of baby's first year she expressed her thanks for help and seemed pleased at the child's great improvement. After the doctor's visits ceased cod liver oil emulsion was provided for baby, the father's work being very slack at the time.

CASE 4.—The only child living out of five, four having died from

wasting, these had been improperly fed. Child in good health and beginning to walk at 12 months.

CASE 5.—The only child living out of five, mother died of consumption six weeks after confinement. This was a difficult case to deal with, as the father would not believe it possible for the child to live, and said it was no use spending money on it. The person in charge of the child was pleased to be visited and followed the advice given. The child was not robust, but in a fair condition and very bright at the age of 12 months.

A few bad cases of carelessness and neglect were reported to the Inspector of the National Society for the Prevention of Cruelty to Children.

In dealing with infantile mortality, one generally is considering the infantile deaths during the particular year under review. This is not absolutely satisfactory, as it deals with some children born the previous year, and many of the infants, though under one year old, are still alive; I propose therefore to give particulars with respect to the infants registered during the year 1909.

During 1909 the number of infants registered was 559, of these, 13 have been entirely lost sight of, they were born in the Workhouse, and on leaving that Institution were taken to districts other than Dewsbury. I shall therefore disregard these, which leaves 546 to be considered.

Of the 546 infants the number attaining the age of one year was 467
 „ „ „ dying under one year old was ... 79

The above works out to an infantile mortality of 144 per 1,000 births.

The following Table shows the number of births, infantile deaths, and mortality rate, in certain types of houses:—

	Back-to-Back Houses.	Through Houses.
Number of children born ...	... 468	78
Number dying under one year ...	... 74	5
Mortality rate per 1,000 births ...	... 158	64

The above figures show a very big difference in the mortality rates between the two types of houses, but that it would be quite an unfair deduction to make, that here lies the chief cause of infantile

mortality, is shown in the next Table, which deals with the question of women working in factories and workplaces.

	Mothers working.	Mothers not working.
Number of children born . . .	108	438
Number dying under one year . . .	40	39
Mortality rate per 1,000 born . . .	370	89

The following practically combines the previous two Tables :—

	BACK TO BACK HOUSES.		THROUGH HOUSES.
	Mothers working.	Mothers not working.	Mothers not working.
Number of children born . . .	108	360	78
Number dying under 1 year . . .	40	34	5
Mortality rate per 1,000 births . . .	370	94	64

NOTE.—There were no working mothers from the through houses.

The deductions to be made from the above Tables are, that through houses are better than the back-to-back type. This everybody allows, but the effect of the type of house is less marked than the question of labour. It might be asked if there is much contrast between the back-to-back house of the working mother and the non-working mother. On the whole there is no difference when one considers the situation, the surroundings and the formation of the house, that is, each set in each district. When one comes to consider the inside of the house, with few exceptions there is a difference. The mother who stays at home has her house cleaner and the hygiene is better. There are many cases where the house of the working mother is sealed up the whole day, the infant put out to nurse until evening, when the parents return, the baby is then taken into the house, which has had no ventilation throughout the day, if there are other young children they are often seen to by neighbours. Seeing that there is such a large infantile mortality rate in the working mother section, and that so many deaths occur from premature birth, debility from birth, and inanition, the question arises, is there any connection between the two, viz.:—have the children born of working mothers less chance of living than those born of stay-at-home mothers, quite independent of the amount of care they may receive after birth, for the deaths from these causes as a rule take place before the mother herself is well enough to return to work. I have not sufficient material at hand to answer

this question with authenticity, but it is a point for future consideration. One can, however, say that the stay-at-home mother will make a bigger effort to rear a prematurely born or weakly born infant than the mother who habitually works.

I am quite aware that figures for one year may be accepted with a certain amount of reserve, and that Tables based on similar lines for a period of, say five years, would be more conclusive.

The fact that working mothers do not bring up their infants on the breast, must also have an important bearing on the mortality.

It is well known that the percentage of deaths in breast fed babies is lower than in babies who are not entirely breast fed.

The following Table bears out the above :—

Method of feeding up to weaning time of the babies of 1909—

	Breast fed.	Not entirely breast fed.	Method not known.	Died under 2 days.
Number of children	... 307	... 198	... 43	... 11
Number dead under 1 year old	... 16	... 42	... 10	... —

PREVENTION OF INFANTILE MORTALITY.—The Health Committee have always shown their sympathy with any measures introduced with the object of reducing infantile mortality.

The Notification of Births Act is in force.

The same Town's Matron, Miss Brabyn, continues on the staff, and her sister, Miss Celia Brabyn, was appointed to assist her early in the year. She commenced her duties on June 6th, she holds the certificate of the Royal Sanitary Institute for Health Visitors.

Pamphlets on the care and feeding of infants and young children have been distributed.

Food and medical necessities have been given during the lying-in period to mothers who have been quite unable to obtain them owing to poverty.

Milk and other food has been supplied for some babies whose mothers were unable to feed them naturally and who could not afford to buy the nourishment.

In these ways the Corporation has spent £83 5s. 8½d. during the year. One must also mention that in Dewsbury "The Guild of

Help," which was inaugurated early in 1909, has given valuable help. In several cases the Town's Matron has reported thereon to the Guild; the matter has then been taken up by the Officers of the Guild, and deserving cases have been assisted by them, the father, who in many cases has been out of employment, has obtained work. This, of course, has relieved the Town's Matron of the necessity of continuing assistance in kind, and has, in those cases, allowed her to resume the rôle of Health Visitor only.

The number of mothers and babies to whom nourishment, etc., was provided is as follows :—

			Mothers.		Babies.
Dewsbury area	...	...	215	...	195
Ravensthorpe	...	...	23	...	13
Soothills	...	...	23	...	14
Thornhill	...	...	31	...	16

NOTIFICATIONS OF BIRTHS ACT, 1907.—Under the above Act the following notifications of births have been sent to the Medical Officer of Health :—

Dewsbury area	550	} 848
Ravensthorpe	...	...	73
Soothills	...	...	75
Thornhill	...	...	150

With respect to the last three areas the Act did not apply during the first three months of the year.

The number of births registered with the Registrars in each area, excluding January, February and March for the added areas, were as follows :—

Dewsbury area	565	} 932
Ravensthorpe	..	...	86
Soothills	..	...	103
Thornhill	...	...	178

The notifications have come in very satisfactorily considering that it was an innovation in the added areas, coming into force with respect to them in April, 1910, only. A leakage of only 15 for the year in the Old Borough is very good, six of these it is known were practically non-residents. In my previous report (1909), I had called your attention to the fact that there were 86 births not notified.

WORK OF THE TOWN'S MATRON AND HER ASSISTANT.—When a notification of birth has been received the case is entered in a register kept for the purpose, and all are put on the visiting list except those whom one knows it is absolutely unnecessary.

The number of visits to each case naturally varies, in many cases a repeat visit is not necessary. In others many visits are made, varying according to necessity, perhaps once a month or longer, once a week for a few months, and in bad cases daily visits have been made for about a fortnight or longer, until an alteration in the conditions have been made ; others less frequently. Many visits to homes have been made during the evenings, when the object has been to interview the mother who may have been at work during the day, or in suspicious cases to see if the infants were being taken out unnecessarily at night, and to ascertain the home conditions and personal state of some parents during the evening. In some cases a repeat visit has been made the same day, to ascertain if some special advice had been acted upon.

The time of the first visit to a house from which a notification of birth has been received varies somewhat according to whether or no the notification has been sent by a medical man.

If a doctor is in charge of the case the Matron would not visit until the tenth day unless the doctor or the parents have asked her to do so, which has happened frequently.

All other cases are visited within 24 hours of the receipt of the notification.

The non-notified cases were visited as soon as we were cognisant of their existence, viz., from the Registrar's weekly returns, except those as before-mentioned it is not necessary on account of their circumstances.

The number of cases visited was as follows:—

Babies registered in 1909	...	...	...	336
„ „ 1910	...	...	...	815
„ born in other Towns...	...	...	...	22
				<hr/>
Total	...	...	...	1173
				<hr/>

Number of babies who had one or more visits in their respective districts is shown in following table.

	Dewsbury.	Thornhill.	Soothill.	Ravensthorpe.
1 to 5 visits ...	424	165	85	87
5 to 10 visits ...	190	30	5	15
10 to 15 visits ...	80	4	4	3
15 to 20 visits ...	39	2	1	1
Over 20 visits ...	38	...	...	...
	771	201	95	106

Number of visits paid to Infants—5386.

The following special visits have also been made.

To prospective mothers	...	...	100
Death inquiry visits	...	...	67
			<u>167</u>

In addition to advising mothers on the general well-being of their infants, the health visitors point out the necessity of personal and domestic cleanliness, and general hygiene. They consider that in this respect permanent improvement has resulted in some cases, in a great many there has been improvements during the visiting period, but many have lapsed into their old ways afterwards. There is less wilful neglect of breast feeding, and the long tubed bottles are now very few.

The Town's Matron is at the Town Hall every morning (Sundays excepted) at about 9-45 a.m., for a short time, and on Wednesdays from 10 to 12 a.m. and 2 to 5 p.m. Her assistant is with her on the Wednesday afternoon. All the mothers know that they can interview Miss Brabyn if they wish at these times. Infants are often brought to be weighed and shown on that day, as many as thirty will often present themselves.

With respect to a Crèche in the town we have got no further. I think it would be a very useful adjunct in dealing with infantile mortality. Of the births registered during 1910 (including added areas from April 1st), as many as 101 infants have been put out to nurse. I believe many of these would be taken to a Crèche and the parents glad to have them there and to know they would be receiving

proper care and feeding. In fact many working mothers have mentioned the matter to Miss Brabyn.

THE MIDWIVES' ACT, 1902.—The West Riding County Council is the Local Supervising Authority.

When any case of Puerperal Fever arises, in addition to routine disinfection of the premises, bedding, &c., the disinfection of the midwives' clothing and midwifery outfit is supervised by the Corporation Sanitary Staff. The wearing apparel is treated in the steam disinfector. When disinfection is completed the West Riding Medical Officer is notified to this effect.

There are 15 Registered Midwives practising in the Borough.

The Dewsbury Union Workhouse Infirmary is being used as a training ground for Midwives.

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES.—Under this heading are included small-pox, scarlet fever, diphtheria and membranous croup, measles, whooping cough, enteric fever and epidemic diarrhœa.

These diseases were the cause of 55 deaths (27 males and 28 females), which is equal to a rate of 1·07 per 1,000 of the estimated population. The zymotic death rate of the Borough compared with the rest of the country is shown in the following table.

				Zymotic death rate per 1,000 of the estimated population for 1910
England and Wales	...	...	...	0·99
77 Great Towns	...	...	...	1·23
136 Small Towns	...	...	...	0·88
England and Wales less the 213 towns	...	...	...	0·74
Dewsbury	...	...	...	1·07

The rate though higher than that for the rest of the country is lower than that of the 77 Great Towns.

The number of deaths and the death rate from each of the 7 principal Zymotic Diseases, together with the month in which they occurred is shown as follows:—

Disease.	Total Deaths.	Death rate per 1,000 living.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Small-pox ...	...												
Scarlet Fever ...	4	·08	1		1				1			1		
Diphtheria and Membranous Croup	7	·14		1	1					2			1	2
Measles ...	15	·29			1		5	2		4			3	
Whooping Cough ...	10	·19		1	1		1		1	2			1	3
Epidemic Diarrhœal Diseases ...	12	·23		1						4	3	3	1	
Enteric Fever ...	7	·14					1		1	1	2	1		1
Totals	55	1·07	1	3	4		7	2	3	13	5	5	6	6·55

The deaths from the epidemic diseases were distributed amongst the four areas as follows:—

	Dewsbury.	Ravens-thorpe.	Soothills.	Thornhill.	TOTAL.
Small-Pox ...					
Scarlet Fever ...	3			1	4
Diphtheria and Membranous Croup ..	2	2		3	7
Measles ...	14			1	15
Whooping Cough ...	5	2	1	2	10
Epidemic Diarrhœa ...	8			4	12
Enteric Fever...	4	2		1	7
	36	6	1	12	55
Rate per 1,000 living ...	1·34	·96	·18	1·08	1·07

Out of the 55 deaths tabulated above, 37 were caused by diseases which are not notifiable under the Infectious Diseases Notification Act, measles accounting for 15, 14 of which took place in the Old Borough. During 1909 there were no deaths from measles and comparatively little of this disease existed, but during the past year there has been a very considerable amount.

There was double the number of deaths from diarrhœa in

Dewsbury area compared with 1909; the eight cases occurred in children under three years of age, six being under one year old.

Four of the scarlet fever cases, two diphtheria, and four typhoid fever cases died in the Hospital.

DEATHS FROM TUBERCULAR DISEASES.—Number of deaths due to consumption and to other tubercular diseases from 1900 to 1909 in Dewsbury. Residents only and the sub-registration district of Dewsbury for 1910.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Consumption	38	36	45	41	38	35	47	38	43	33	24
Other forms of Tuberculosis ..	19	25	22	18	17	12	22	11	22	25	13
Total deaths from all Tubercular Diseases	57	61	67	59	55	47	69	49	65	58	37

Number of deaths from consumption and other tubercular diseases in Dewsbury during 1910, also giving the number from each sub-registration district. Residents only.

	Dewsbury			Rav'th'pe			Soothill			Thornhill			Totals		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Consumption	17	7	24	3	4	7	1		1	4	6	10	25	17	42
Other Tubercular Diseases	4	9	13		1	1	1	4	5		3	3	5	17	22
Totals	21	16	37	3	5	8	2	4	6	4	9	13	30	34	64

Age periods of deaths from all forms of Tuberculosis of Residents of the Old Borough of Dewsbury in 1905, 1906, 1907, 1908, 1909 and 1910.

	1905	1906	1907	1908	1909	1910
0-5 ...	4	15	10	13	18	8
5-10 ...	2	7	3	3	2	1
10-15 ...	3	...	1	4	...	1
15-20 ...	2	4	4	6	4	3
20-25 ...	4	7	2	7	5	1
25-35 ...	7	16	8	12	9	13
35-45 ...	10	8	7	8	8	5
45-55 ...	13	5	6	5	6	1
55-65 ...	2	6	6	5	5	3
65-75 ...	...	1	1	2	1	1
Over 75 ...	...	...	1	...	...	...

Age periods of deaths from "Consumption," 1910:—

	Dewsbury.			Ravens- thorpe.			Soothills.			Thornhill.			TOTALS.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
0-5															
5-10															
10-15	1		1										1		1
15-20	1	1	2		1	1							1	2	3
20-25				1		1				1	2	3	2	2	4
25-35	7	4	11	1	1	2	1		1	2	3	5	11	8	19
35-45	3	2	5		1	1				1		1	3	4	7
45-55	1		1	1	1	2				1		1	3	1	4
55-65	3		3										3		3
65-75	1		1										1		1
Over 75															
	17	7	24	3	4	7	1		1	4	6	10	25	17	42

Age periods of deaths from "Other Tubercular Diseases," 1910:—

	Dewsbury.			Ravens- thorpe.			Soothills.			Thornhill.			TOTALS.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
0-5	4	4	8				1	3	4		1	1	5	8	13
5-10		1	1											1	1
10-15															
15-20		1	1							1	1		2		2
20-25		1	1				1	1					2		2
25-35		2	2		1	1				1	1		4		4
35-45															
45-55															
55-65															
65-75															
Over 75															
	4	9	13		1	1	1	4	5	3	3	3	5	17	22

Phthisis death rate per 1,000 population:—

	1910.	1909.	Average for 5 previous years
West Riding Administrative County...		0·94	1·0
Dewsbury (whole Borough) ...	0·8	1·2	
Dewsbury Sub-Registration District	0·8	1·4	

The preceding Tables are very satisfactory compared with those for many years past, considering the Old Borough only. The diminution in deaths from consumption and from other forms of tuberculosis being well marked. The diminution in the death rate from consumption is shown as follows :—

	1904.	1905.	1906.	1907.	1908.	1909.	1910.
Phthisis death rate per 1,000 population in the Old Borough	1·3	1·2	1·7	1·4	1·5	0·94	0·8

Of the 42 Dewsbury (whole Borough) residents dying from consumption, nine took place in Public Institutions, one was from the Thornhill district, one from Ravensthorpe, and the remaining seven were from the Old Borough.

In addition, four deaths from consumption and one from other forms of tuberculosis, all non-residents, took place in Public Institutions within the Borough.

Voluntary notification of consumption has been in force in Dewsbury for three years, the Corporation pay 2/6 to the medical practitioner for each certificate received. During 1908 nine cases were notified, during 1909 three cases, and during 1910 eight. As I remarked last year, voluntary notification is practically useless. Perhaps the reason for this may be that the practitioner sees no real good in notification until provision for their care on Sanatorium lines is provided. Two forms of certificates are in use, one stating by the notifying practitioner that it is unnecessary or undesirable for the Health Authorities to visit.

Of the eight notifications five certificates of this nature were received and were therefore not put on the visiting list. One of these five cases died ten days after receipt of notification, and the routine disinfection of the premises after death from consumption was carried out.

The other three cases were frequently visited. One died eleven months after notification. The second returned to work three months after notification and is still working and improved in general condition. The third was notified in June, and subsequently went into the Workhouse Infirmary, and was again notified to us under Form A of the Public Health (Tuberculosis) Regulations in August.

Form C under the same regulations was sent us in December, notifying the man's discharge. He is now on the visiting list again and his condition has improved.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1908.—These regulations came into force on January 1st, 1909. During the past year I have received the following certificates.

Form A, viz., Certificate from Medical Officer of		
Poor-Law Institution	...	7
Form C, viz., Certificate from Superintending Officer notifying		
discharge of patients from the Institution	...	2

With respect to the two cases coming under Form C, one refers to the case under Voluntary Notification of Consumption. The other case after being in the Workhouse Infirmary six weeks went home and died six days later. Of the other five cases two died in the Institution.

DISINFECTION AFTER CONSUMPTION.—This has been the routine practice since January, 1906.

The four Registrars send me immediate notice when a death from this disease has taken place in a house in any of the four sub-registration districts, viz., the whole of the Borough of Dewsbury. Disinfection of the premises is then carried out by your officials, and bedding, clothing, etc., is treated in the steam disinfectant at George Street Depot. Similar disinfection is carried out on the receipt of Form A under the Public Health (Tuberculosis) Regulations.

The pamphlets on consumption are made use of by being left at houses in which dwell consumptive patients who are on the visiting list. The contents of the pamphlets are, of course, carefully gone through and explained to the occupiers.

"Spitting notices" are displayed on the Public Tramcars but similar notices have not been publicly placarded, calling the people's attention to the dirty and dangerous habit to the Public Health of spitting in the streets.

ACCOMMODATION FOR CONSUMPTIVES.—There is very little accommodation for patients suffering from consumption. Cases of this disease *per se* are not knowingly admitted into the wards of the General Infirmary; and if from any other cause a patient who is also so suffering is in that Institution he would be treated in the

general wards. Poor-law patients are admitted and treated in the general wards of the Workhouse Infirmary, but, in addition, there is a veranda for open air treatment, which will accommodate six beds for female patients, in connection with the additional block constructed in 1909. It must not be forgotten that the Workhouse Infirmary is for the large area of the Dewsbury Union, and not the Dewsbury Borough only.

The Medical Officer of the Workhouse informs me that the females who have been treated during the past year in the Institution have received undoubted benefit. Phthisical patients in that Institution are not looked upon as we, members of the outside public may have been accustomed to view inmates of a workhouse. They wear their own clothes if suitable, and are allowed daily to be free and go out of the Institution grounds under the discretion of the Medical Officer. Treatment of and supervision of consumptives is undoubtedly a national question. It is certainly not individual. A working man cannot afford to treat himself as it were, and in the case of a married man with children he feels he cannot throw down his work, for what can the family do with the breadwinner laid aside. Every individual should look upon the question both upon personal and national lines. The consumptive is a danger to others. The danger may be a very grave one or it may be reduced to the minimum according to the tenour of life and general behaviour of the affected person. The consumptive must be taught how to live, viz., how to live in order to prolong his own days, and how to live and at the same time not be a danger to others.

A certain amount of good may be done by health visitors, who tell the people that open windows, strict cleanliness, no overcrowding and other matters, must be the order of the day, but no amount of telling, in many cases, is of any use. Many people are afraid of open windows, and think night air is dangerous. I believe that "example is better than precept."

A few months rest in the open air and suitable food will help to put a man on his feet again. Under skilled supervision he will have learnt "**how to live**" and **at the same time be the minimum of danger to others**. He will have found out that a little fresh air has not killed him, and will probably henceforth live at home under better hygienic conditions than he did formerly, and from his experience gained he will be able to impart much to his neighbours

and others whom he comes across in a similar condition to his own, and this way be a secondary benefit to the community at large.

There has been a good deal of controversy of late with respect to Sanatoria and Consumption, but whatever the future may reveal with respect to the actual treatment of tubercular diseases, whether by drugs or serum, or anything else brought forward by the advancement of science, it will be allowed that all are agreed on the importance of the hygienic aspect, and it cannot be denied that Sanatoria, in this respect, have played an important part from an educative point of view.

CANCER.—During the year 54 residents (26 males and 28 females) died from cancer, including all forms of malignant disease.

In the Old Borough 35 deaths were from this cause, which is an increase on the figures for 1906, 1907 and 1908, but exactly the same as for 1909.

In addition to the 54 residents, seven non-residents (6 males and one female) died from cancer in Public Institutions in the district.

The residents dying in Public Institutions in the district from this cause were five, viz., three from the Dewsbury area and two from the Soothills area.

The following Table shows the number of deaths from each area, and also the parts of the body affected :—

All forms of Malignant Disease			Tongue.	Pancreas.	Liver	Stomach.	Mouth.	Oesophagus.	Intestine.	Colon.	Rectum.	Mediastinum.	Lung.	Breast.	Uterus.	Bladder.	Jaw.	Abdomen.	General Carcinoma.	TOTALS.	
Males.	Dewsbury ..	..	1	1	4	2	1				2	2				1	1	1		16
	Ravensthorpe ..	..	1						1											2
	Soothills ..	..	1				3													4
	Thornhill ..	..	1				1	1			1							1		4
																					26
Females.	Dewsbury ..	..			2		2		2	1	1			3	8					19
	Ravensthorpe ..	..							1											1
	Soothills ..	..					1				1		1	1	1					5
	Thornhill ..	..					1								1			1		3
																					28
TOTALS	3	1	6	2	9	1	4	1	5	2	1	4	10	1	1	2	1	54

DEATHS IN PUBLIC INSTITUTIONS IN 1910.—The total number of deaths in Public Institutions within the district was 186. Of these 112 were males and 74 were females.

Deaths in Public Institutions within the district, 1910 :—

	Persons.	Males.	Females.
Residents ...	104	66	38
Non-Residents ...	82	46	36
Totals	186	112	74

The following table shows the Public Institutions in the Borough in which deaths occurred :—

Institution.	Total Deaths.	Residents.	Non-Residents.
Dewsbury Union Workhouse ..	117	45	72
Dewsbury General Infirmary ...	58	50	8
Dewsbury Joint Hospital Board ...	11	9	2

The term "Non-Residents" means persons brought into the district on account of sickness or infirmity, and dying in institutions there. They are omitted from the net deaths belonging to the district. The deaths of Dewsbury residents dying out of the district are added to the net deaths belonging to the district, as described previously.

The districts to which the 99 non-residents belong are as follows :—

District.	Number of Deaths.		
	M.	F.	TOTAL.
Batley	13	16	29
Morley	11	2	13
Birstall	2	2	4
Heckmondwike	4	3	7
Liversedge	6	3	9
Ossett	6	3	9
Mirfield	3	1	4
Birkenshaw	1	1	2
Gomersal ... ..	...	4	4
Rochdale ... ..	...	1	1
Totals	46	36	82

DEATHS OF DEWSBURY RESIDENTS OUTSIDE THE BOROUGH.—

There were 16 such cases, and the deaths occurred in the following Institutions :—The West Riling Asylum, The Leeds General Infirmary, Mirfield Memorial Hospital.

UNCERTIFIED DEATHS AND INQUESTS.—There were 928 total deaths registered with the four Registrars during the year. In 855 cases the deaths were certified by registered medical practitioners; in 73 cases inquests were held by the Coroner and certificates given by him.

From the sub-registration district of

Dewsbury returns	...	...	there were 53 inquests.
Mirfield (Ravensthorpe)	...	...	3 inquests.
Soothill	...	...	11 inquests.
Thornhill	...	...	6 inquests.

Tabulation of the Causes of Deaths and the Ages at Death.

Deaths in Public Institutions.						0-1		1-2		2-3		3-4		4-5		0-5			5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75		Over 75		5 Years and Over.			All Ages.			
Non-Resid'ts		Resid'ts																																											
M	F	M	F					M	F	M	F	M	F	M	F	M	F	P	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	P	M	F	P			
				Smallpox																																					
1	1	2	2	Chickenpox																																					
		3	2	Scarlet Fever	1										1	1	2	1	1																						
				Epidemic Influenza											1						1		1																		
				Whooping Cough	1	3	3	11		1					5	5	10																								
			2	Diphtheria and Membranous Croup	1			1							2	1	3	2	2																						
				Measles	1	1	3	6	2						4	11	15																								
				Diarrhoea and Dysentery			1								1	0	1																								
			1	Epidemic and Zymotic Diarrhoea	6	3	1	1	1						7	5	12																								
			1	Gastritis and Enteritis	3	1	3	2							6	3	9																								
1		3	1	Typhoid Fever																																					
				Anthrax																																					
				Syphilis												1	1																								
				Erysipelas																																					
			1	Puerperal Fever																																					
1			2	Septicæmia																																					
				Tubercular Meningitis																																					
4		5	3	Tuberculosis of Lungs	1	1		1							2	2	4		1																						
1			1	Other forms of Tuberculosis																																					
6	1	2	3	Cancer	2	4	1		1						3	6	9																								
				Rheumatism																																					
1		3	2	Diabetes																																					
				Lead Poisoning																																					
				Lencocythæmia																																					
			1	Pernicious Anæmia																																					
1		1	1	Premature Birth	18	16									18	16	34																								
				Rickets																																					
			2	Development Diseases & Congenital Defects	8	4									8	4	12																								
				Want of Breast Milk	1										1	0	1																								
				Malnutrition Marasmus	2	1									2	1	3																								
				Debility and Inanition	12	7									12	7	19																								
11	11	7	3	Old Age																																					
				Insanity																																					
				Softening of Brain																																					
				G. P. I.																																					
			1	Meningitis	2		1		1						3	3	6		1																						
				Cerebral Tumour																																					
				Epilepsy																																					
				Laryngismus Stridulus	2										2	0	2																								
				Paraplegia																																					
			1	Peripheral Neuritis																																					
				Convulsions	10	4	2	2							12	6	18																								
1	1	1		Other Nervous Diseases																																					
5	2	3	5	Valvular Disease of Heart																																					
				Pericarditis																																					
				Dilatation of Heart																																					
				Fatty Degeneration of Heart																																					
4		8	5	Syncope and Heart Disease																																					
				Cerebral Hæmorrhage																																					
				Arterio Sclerosis																																					
			1	Apoplexy																																					
1	1	2		Acute Bronchitis	7	4	3	11							11	5	16																								
1		1		Chronic Bronchitis																																					
1	1	1	1	Lobar Pneumonia	1										1		1																								
1	1	2	4	Broncho Pneumonia	7	9	6	34	11						18	13	31																								
1		1	1	Pneumonia Undefined				1								1	1																								
				Pleurisy																																					
				Empyema .. .. .	..	..	..	..																																	

NOTIFIABLE INFECTIOUS DISEASES.—I have obtained through the former Medical Officers of Health for those areas which were added to the Borough of Dewsbury, the figures relating to infectious diseases in those areas during the months of January, February and March, and I am therefore able to and propose to report on the incidence of infectious diseases throughout the whole year in the whole area now comprising the Borough of Dewsbury, giving also the figures relating to each separate area.

During the year 205 cases of infectious disease were notified by medical men. The cases from the several districts are shown in the following table.

	Dewsbury.	Ravensthorpe	Soothills.	Thornhill.	Totals.
Smallpox... ..	...	...	...	...	...
Scarlet Fever ...	45	9	13	45	112
Diphtheria ..	11	22	6	7	46
Enteric or Typhoid Fever	7	2	4	2	15
Puerperal Fever...	2	...	2	2	6
Erysipelas ...	10	1	9	6	26
Total ...	75	34	34	62	205

The total number of cases removed to the Hospital from each district was as follows.

	Dewsbury.	Ravensthorpe	Soothills.	Thornhill.	Totals.
Scarlet Fever ...	39	7	7	35	88
Diphtheria ...	8	13	4	4	29
Enteric Fever ...	5	2	3	1	11
Totals ...	52	22	14	40	128

In addition 10 diphtheria carriers were removed to the Hospital for isolation. See my remarks on diphtheria at the Ravensthorpe Schools.

The following table shows the incidence of the diseases in each district during the different months of the year, and the removals to the Hospital month by month.

Cases Notified.				Dewsbury.					Ravensthorpe.					Thornhill.					Soothills.				
1910.				Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Erysipelas.
January	...	...	...	10	2	2	1	1	1	1	1	1	2	2	1	1	1	1	1	2	1	1	3
February	...	...	...	5	1	1	1	1	3	2	1	1	1	1	1	1	1	1	1	2	1	1	1
March	...	...	...	5	2	1	1	1	1	2	1	1	13	1	1	1	1	1	1	1	1	1	1
April	...	...	...	2	2	1	1	1	1	1	1	1	4	4	1	1	1	1	1	1	1	1	1
May	...	...	...	5	...	...	...	...	1	4	1	1	5	5	1	1	1	1	1	1	1	1	1
June	...	...	...	6	...	...	...	...	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1
July	...	...	...	8	...	...	...	...	1	4	1	1	1	1	2	1	1	1	1	1	1	1	1
August	...	...	...	1	1	1	1	2	1	3	1	1	1	11	1	1	1	1	1	2	1	1	1
September	...	...	...	1	2	1	1	1	1	2	1	1	1	3	1	2	1	1	1	3	1	1	1
October	...	...	...	1	4	1	1	1	1	1	1	1	1	5	1	2	1	1	1	1	1	1	1
November	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
December	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS	...	...	...	45	11	7	2	10	9	22	2	1	1	45	7	2	2	6	13	6	4	2	9
Cases Removed to Hospital.																							
January	...	...	...	9	2	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
February	...	...	...	5	1	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	...	...	...	4	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
April	...	...	...	1	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
May	...	...	...	4	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
June	...	...	...	5	...	...	...	...	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
July	...	...	...	7	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
August	...	...	...	2	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
September	...	...	...	1	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
October	...	...	...	1	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
November	...	...	...	1	3	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
December	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	...	...	39	8	5	2	...	7	13	2	...	...	35	4	1	...	...	7	4	3	...	...

The following Table shows the age periods of the cases notified:—

NOTIFIABLE DISEASES.	CASES NOTIFIED IN WHOLE DISTRICT.						
	At Ages—Years.						
	Under 1.	1-5.	5-15.	15-25	25-65.	65 and upwards.	At all ages.
Smallpox							
Diphtheria	1	17	24	2	2		46
Erysipelas				5	19	2	26
Scarlet Fever	8	35	56	11	2		112
Enteric Fever			3	6	5	1	15
Continued Fever							
Puerperal Fever... ..				2	4		6
Total	9	52	83	26	32	3	205

The streets where infectious diseases have occurred are as follows, though with respect to the added areas only those cases notified since April 1st are dealt with:—

Dewsbury Street List.

Street.	Scarlet Fever.	Diph- theria.	Enteric Fever.	P'rperal Fever.	Ery- sipelas.
Amy Street	1				
Brunswick Street		1			
Boothroyd Lane			2	1	
Boundary Road					1
Bank Street	1				
Barber Street	1				
Back Brooke Street	1				
Battye Street		1			
Cliffe Street					1
Cemetery Road	1				
Dewsbury Gate Road					1
Granville Street	1				1
Hanover Street	1				1
Healds Road	10				
Halifax Road		5			
Kent Street			1		
Lawson Street			2		
Lidgate Lane	8				
Lister Hill	4				
Leeds Road	1	1			1
Manor Road	1				
Mitchell Avenue	1				
Milton Street			1		
Quarry Road	1				
Oastler Street	1				
Ravenshouse Road... ..	1				
Ridgway Street	4				
Ridgway Street Back	1				
Ravens Lodge					1
South Street					1
Staincliffe Road	1				
Tweedale Street			1		
Thornhill Road					1
Upper Road	1				
Wellington Road		1			
Willans Road		1			
Whitley Street	2				
Wakefield Road	1				
Webster Street					1
Westgate		1			
	45	11	7	2	10

Ravensthorpe Street List.

STREET.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Puerperal Fever.	Ery- sipelas.
Aire Street		1			
Albion Street			1		
Beacon Street		1			
Back Fern Royd			1		
Charles Street	1	1			
Clarkson Street		1			
Garden Street		3			
Garden Street Back		1			
Havelock Street		3			1
Hebble Street		1			
Huddersfield Road		2			
John Street	1	1			
Myrtle Avenue	1				
North Road		1			
Sackville Street		1			
School Street		1			
Tanhouse Street		1			
	3	19	2		1

Soothills Street List.

STREET.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Puerperal Fever.	Ery- sipelas.
Chidswell Lane	2				
Chickenley Heath					1
Common Side, Earlsheaton ...					1
Isolation Hospital		1	1		
Leeds Road	1	1	1	1	1
Middle Road	2				
Old Bank Road					1
Owl Lane					1
Ossett Road... ..			1		
School Street	1				
Sunny Bank... ..	1				
Spring Gardens		1			
Town Street... ..					1
Woodbine Terrace				1	
Wakefield Road	1				
	8	3	3	2	6

Thornhill Street List.

STREET.			Scarlet Fever.	Diph- theria.	Enteric Fever.	Puerperal Fever.	Ery- sipelas.
Albion Road	...	...	5				
Brocks Yard...	...	..	1				
Broadhead Fold	...	...					1
Beatson Street	...	...				1	
Briestfield Road	...	..	1				
Brewery Lane	...	...					2
Combs Bottom	...	..	1				
Dale Street	...	.			1		
Edge Road	...	...	15				
Edge Top	...	...	1	1			
High Street	...	...	8				
Headfield Road	...	...	1				
Low Road	...	...	3				
Lees Hall Road	...	...		1			
Mugg Mill Lane	...	...	1				
Mill Bank	...	...		1			
North View, Savile Town	...			1	1		
Partridge Row	...	..	1				
Ravensthorpe Road	...	...					1
School House	...	...					1
Thornleigh Street	...	...		1			
The Town	...	...	2				
Wells Road	...	...	1				1
Wharfe Street	...	...	1				
			42	5	2	1	6

I have not the data whereby I can compare the incidence of the infectious diseases notified last year with previous years in the added areas, but the following Table, which relates to Dewsbury as constituted before amalgamation, shows a very satisfactory result as compared with many other years. The number notified, viz., 75, is the lowest for the past fifteen years.

Number of infectious diseases notified in the present sub-registration district of Dewsbury during each of the past ten years :—

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhus Fever.	Enteric or Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.	Chicken-pox.	Totals.
1901	...	229	11	2	...	10	...	...	1	...	14	...	267
1902	7	95	16	1	...	10	10	...	...	...	23	...	162
1903	137	50	17	..	...	13	...	...	2	...	18	...	237
1904	552	50	35	...	...	27	..	...	...	...	14	45*	723
1905	12	162	42	1	...	19	3	...	1	..	16	44	300
1906	...	48	24	...	...	21	1	...	2	...	10	33†	139
1907	...	65	17	...	...	22	...	...	2	...	16	...	122
1908	1	26	11	...	...	30	...	...	1	...	7	...	76
1909	...	67	17	...	...	11	...	...	1	...	10	...	106
1910	...	45	11	...	...	7	...	...	2	...	10	...	75

* Since October 24th to end of year.

† To April 19th.

SCARLET FEVER.—In the Old Borough there has been a satisfactory decrease in the number of cases.

There was a small outbreak in the early part of the year, amongst children in the Children's Ward at the Workhouse, seven occurring in January and two in February. The Medical Officer of the Workhouse thought the infection might have been introduced by some visitor. This was the probable though not provable cause.

There was one instance of four cases occurring in one house, two instances of three cases in one house, and one of two cases in the same house.

There is no need of any special comment with respect to scarlet fever in Ravensthorpe and Soothills.

In Thornhill there has been a considerable number of cases, in

two instances there were three cases in one house, and in three instances two in one house. The area affected has chiefly been about Thornhill Edge, a few sporadic cases have occurred in other parts of Thornhill. In April a case was notified on the 8th, another on the 16th, then three from one house on the 20th and 21st. Enquiries were made at the Schools and the names of children absent were obtained. They were visited at their homes, and I found three children, two in one house, and the third in the house adjoining, in the peeling stage. They had had scarlet fever, though not severely, and no doctor had been in attendance, and from the history obtained it was practically certain the two cases referred to were the beginners of the outbreak. Fresh cases continued during the end of April and throughout May and June. With the exception of one case in August the area was free from the end of June until the beginning of October. During this month eleven cases were notified. There was evidence of close contact of all the affected children, either in the same school or as playmates, and all living near to one another with the exception of one boy, and he was a constant visitor to the area affected. On enquiry into the history of each case it was found that a brother of one of the cases had had a fortnight previously a sore throat, and although there was no evidence of desquamation, it is possible that he had then a mild indefinite form of scarlet fever, and whilst attending school in this condition had spread infection.

I do not think the prevalence of the disease in the area affected had anything to do with the milk supply, because on enquiry as to the supply at each house, it was elicited that this commodity is distributed by several milkmen and is derived from different farms, and also if there had been any such connection, proof would have been forthcoming by the prevalence or excessive prevalence of the disease in other parts of the whole Borough of Dewsbury, and this was not the case. I am of opinion that it has been due chiefly to direct infection, one child with another, either in school, at play, or in one another's houses. The possibility of indirect infection must not be lost sight of, it is quite possible for the disease to be carried by an intermediary. This, I think, has probably some bearing in this case, as owing to the very friendly relationship in which the people live about that part of the district, there is very considerable inter-communication one house with another, but in times of prevalence of infectious diseases it would be wiser if there was less

visiting, and it not to be considered an unfriendly act if a neighbour did not go, say next door, to enquire what was the matter with one of the children because it happened to be poorly.

In connection with scarlet fever at Thornhill Edge, I have been asked if I thought the prevalence was due to want of proper sewerage. In the present state of our knowledge one cannot say there is anything definite in this. Scarlet fever is not considered to be one of the "filth" diseases. Had the question been one of connection between want of sewerage and the prevalence of diarrhoea or of typhoid fever, the answer would have been in the affirmative. This does not mean, however, to exonerate the existence of privies in that area, as you will gather from my remarks later on in this report.

TYPHOID FEVER.—There has been no great incidence of this disease during the year. There were seven cases in the Old Borough, this being the smallest number for many years. The two cases notified in January were from the same house. It is satisfactory to note that few cases have occurred in other areas. One notified from Thornhill district in December probably contracted the disease outside Dewsbury.

In one instance where the house in which a case of typhoid fever occurred, was not on the water closet system, the patient was not removed to the Isolation Hospital. She was too ill to be removed when the case was notified and died in a few days. The existence of privies besides being insanitary, constitute a very grave danger with respect to the spread of typhoid fever and diarrhoeal diseases. The excreta of a typhoid fever patient contain the germs of the disease, and these germs may be carried by flies from privies and privy ashpits into houses and be deposited on or into food and food utensils. The soil about the privies becomes contaminated especially when they are emptied, and this polluted soil may be introduced in a variety of ways into the house. On the receipt of a notification of typhoid fever, ashpits and gullies are cleansed, and a privy, if in existence, emptied, but as the patient is capable of disseminating the disease before it is always possible for those in attendance to be aware of the nature of the illness, the danger of spreading is a real one, and again, mild cases of the disease occur—the so-called ambulatory type of typhoid fever—in which no medical man is in attendance, and the person, although perhaps feeling some-

what poorly, continues his daily routine of life. In the case of the patient referred to above, as soon as the Health Department became aware of it, in addition to the usual precautions taken and methods employed, the danger of throwing into the privy ashpit anything connected with the patient was pointed out to the householders, and a clean pail with close fitting cover was left each morning at the house by one of the Health Department staff, for the purpose of receiving all matters from the patient, viz., excreta, bathing water, etc. The pail left the previous morning was taken away with its contents and dealt with.

DIPHTHERIA.—During the year 46 cases of this disease were notified, 22 of which occurred in Ravensthorpe. With the exception of Ravensthorpe area, the cases were sporadic and scattered widely apart, for the most part, in different parts of the whole Borough. One of the cases from Soothill was a member of the Joint Hospital Nursing Staff. Two Dewsbury cases occurred in one house, viz., mother and child.

With respect to the prevalence of diphtheria in Ravensthorpe I reported to the Health Committee on July 19th, as follows:—

Report re Diphtheria amongst Girls attending the Ravensthorpe Schools.

GENTLEMEN,

On June 24th I received a notification of a case of Diphtheria from Ravensthorpe. The patient was a girl aged 10 years, and a scholar at Ravensthorpe School. On June 25th another case was notified, and another on June 30th, both these were girls aged 11 years and attending the same school. I made enquiries, and was told by Miss Grant, the Head Mistress, that "sore throat" had been somewhat prevalent.

I thought it highly probable that there might be some missed cases amongst the scholars, and these, if in an infective condition, would be centres of infection and a danger to the other girls, and as a result, an epidemic of the disease would be likely to follow.

Doubtless you are aware that our bacteriological investigations are carried out at Wakefield, in the West Riding County Council's Laboratory, and that by this method of examination, the presence of the diphtheria bacillus in the throat can be proven.

A child may have diphtheria in such a mild degree that parents would not think of calling in a doctor. After a short period, and even during the acute stage of the illness, the true nature of the disease cannot with certainty be diagnosed by naked eye examination, but resort to bacteriological methods reveal the secret.

Again, it is possible for a healthy child, who has come into contact with the disease, to harbour the bacilli in its throat, and to show no *signs* of illness, nor to feel ill. Both these classes of children however, are a danger to others with whom they come in contact, as they may infect them, and these may develop the disease and have it in a very serious form.

On June 30th I communicated with Dr. Kaye, the West Riding M.O.H., and asked for assistance with the swabbing of children's throats. He kindly allowed Dr. Sutherland, his bacteriologist, to come over.

On the afternoon of July 1st we took swabbings from the throats of 40 girls. The method of selection being, all girls in any part of the whole school who had had a sore throat at any time since Whitsuntide, and those girls in class-room I. who had sat near to the two notified cases B and C. It was impossible to pick out girls who had sat near to the patient A in class-room II., as there had been a re-arrangement of the order of sitting. In addition, all the inmates of the caretaker's house were swabbed at home, seeing the case C was a daughter of the caretaker.

As a result of this swabbing it was found that there were six positive cases, viz. :—

Three in Room I.

One in Room II.

Two in Room V.

Room V. is at the other end of the school buildings and so this room was implicated.

It must be remembered that those swabbed from rooms II. and V. were so treated because they had had recent sore throat.

All the caretaker's family were negative.

I felt that sufficient swabbing had not been done, therefore on July 4th, 46 more were taken, viz. :—

The remainder of the girls, 24 in number, from room I., eight from room V., these being girls who had sat on the same series of seats as the two positive cases shown by the first swabbing.

Four special cases who had been absent for sore throat, three being from the Infants and one from the Boys' departments (I may say at once that these four cases proved to be non-diphtheritic).

Ten in their own homes, who were brothers and sisters of the first swabbing positive cases.

The results showed that there were eight positive cases, viz.:—

Two in Room I.

Three in Room V.

One in Room IV., swabbed at home and a sister of a Room V. case.

One, a school boy swabbed at home.	} Brother and sister of a Room I. case.
One girl (not a scholar) swabbed at home.	

Seeing that further cases had been found, it was decided to complete matters by swabbing every girl in the whole school who had not gone through the process, and with this intention Dr. Sutherland and I again visited the School on July 7th, we were however, disappointed to find that we had not sufficient swabs, so members of class-room VI, a room so far not implicated as we thought, were left until the morning of Saturday, July 9th.

On July 7th the following swabs were taken —

39 from Room II.

65 „ III.

40 „ IV.

46 „ V.

8 at their homes, relatives of the positive cases.

The result of these showed ten cases, viz.:—

Four in Room II.

Two „ III.

One „ IV.

Three „ V.

The home cases were all negative.

On July 9th I took 43 swabs from girls in Room VI., and as a result four positive cases were found.

SUMMARY OF SWABBING AND RESULTS.

Date of Swabbing.	Number Swabbed.		Positive Result.		Girl non-scholar.
	At School.	At Home.	School Girl.	School Boy.	
July 1st ...	40	4	6		
„ 4th ...	36	10	6	1	1
„ 7th ...	190	8	10		
„ 9th ...	43		4		
	309	22	26	1	1

NOTE.—These figures do not include the three first notified cases.

Two of the 26 cases were Mirfield residents, and particulars were sent to the M.O.H. of that district. Of the 24 Ravensthorpe school girls 10 were removed to the Hospital for Isolation and the others at home. The home cases are under the supervision of their own medical men, whom I have interviewed.

The distribution of the 26 girls was as follows:—

Class Rooms.	Number of Cases.
I. ...	5
II. ...	5
III. ...	2
IV. ...	2
V. ...	8
VI. ...	4

NOTE.—In addition, the clinical case A was in class room II
 „ „ „ cases B & C were in class room I.

NOTE.—That a school boy contact and a non-school girl were also removed to the Hospital.

Of the 10 school girls who were removed there was a definite history of sore throat in 8, and these had been absent from school for this cause as follows:—

1 for 14 days.

1 „ 5½ „

2 „ 3 „

1 „ 2 „

3 „ 1 „

One other girl had been absent half-a-day, the reason not being stated.

Of the 14 resident girls who are at home -

7 had not been absent from school at all.

1 had been absent from school 2 days on account of illness.

1	„	„	„	4	„	cause not stated.
---	---	---	---	---	---	-------------------

2	„	„	„	1	„	„
---	---	---	---	---	---	---

3	„	„	„	$\frac{1}{2}$	„	„
---	---	---	---	---------------	---	---

Of the 26 positive girls and the 3 notified cases, making a total of 29, 20 had been absent from school for varying periods as above, and of these 20, 18 were absent on or after June 20th, of the other two, one was away on June 9th, the cause not being stated, and the other from June 6th to 10th inclusive, for a definite sore throat. It is quite possible that this particular girl was the first case, she gives a definite history of illness, with throat symptoms, and her condition on admission to the Hospital bore out these facts. She may have been the one to infect others, and these again others. This is, of course, only surmise, and it is also probable that there have been a number of mild undiagnosed cases of diphtheria in the school, but what is definite is that 26 girls were found harbouring the diphtheria bacillus in their throats, and who were centres of infection and a danger to the rest of the children.

A searching examination of the nature given is bound to give rise to uneasiness in the neighbourhood and comments of various kinds may be made, but it is only by such methods as have been taken that epidemics of a serious nature may be averted, and what has been done was for the ultimate good of the community.

I have to thank Dr. Sutherland for the large amount of work done by him in examining the swabs and for reporting results with the greatest dispatch; Miss Grant, the Head Mistress, and others gave me every assistance and information asked for.

When a batch of girls had been swabbed they were told they were not to come to school the following day. The morning after that, the result of the examination being known, the positive cases were not admitted but sent home, and official visits to their homes were made by my Assistant Inspector or myself, and in some cases by both of us as soon as possible.

After the large number of swabbings were taken on Wednesday, July 6th, the girls in the whole school were kept at home on the Thursday and Friday. The school premises were thoroughly disinfected throughout before being re-opened on July 11th, and in addition class rooms I. and II. had been disinfected after the swabbing on July 1st.

The subsequent course of events were that in July five cases were notified, all being removed to the Isolation Hospital but one male infant, and from whom no swabbing was taken as an aid to diagnosis. Two of the cases were from the Girls' School. Both were absent when swabbings were taken at the School. One gave a history of sore throat a month previously, and the other was a sister of one of the carriers mentioned in the report.

In August four cases were notified. The first was a girl, but not a school child; swabbing of the other members of this family showed that a sister (a school girl) was harbouring the germs in her throat, and on enquiry it was elicited that she had had a sore throat three or four weeks previously. The other two cases were not scholars or in any way connected with other cases as far as one could tell. One of the two cases was dead when the notification was received by us.

In September there were three cases, all intimately connected with one another but not with previous cases.

In October two cases, giving no history of connection with others.

In November one case. This was not swabbed as an aid to diagnosis at the onset of the illness which was very mild, and examination of a swabbing taken a fortnight after gave a negative result.

Investigations fully prove my remarks previously made as to the existence of missed cases, that is, cases of a mild degree, the nature of the illness not being suspected at the time, and also of carriers. Without the aid of bacteriological examination mistakes as to diagnosis may be made, what looks like a simple sore throat to the naked eye may be diphtheritic, and a suspected diphtheritic throat may not be so, though in respect to this latter it is well to remember that in bacteriologically examining the swabbing from a very acute throat the diphtheria bacilli may be missed, whereas a

swabbing taken again a few days after the acute inflammatory condition has subsided somewhat, the bacilli are easily detected.

It is quite impossible to tell from the naked eye appearance of the throat of a diphtheria patient when infection is at an end. The period is very variable, viz., from a few weeks upwards, in some cases as long as three months and even longer. It is considered that before a patient is certified as being free from infection, there should be three bacteriological examinations of swabbings taken at a few days' interval, each giving negative results. This is very difficult to attain in private practice, but two examinations should certainly be made. One is not enough as I have myself proved.

It is for the public to know that swabbing, which in itself is quite a simple and absolutely harmless procedure, is done by the doctor for the ultimate good of the individual and of the community.

Diphtheria is a disease which spreads slowly and is apt to persist in a community for some time, and although, as has been shown that school life is an important factor, a large number of children mixing amongst one another, the disease may be contracted by other than school children and in houses where there are no school children.

If there are school children contacts in a house in which a case of diphtheria has occurred, then after removal of the patient or the cessation of infectivity, those contacts have their throats swabbed and a negative result as to the presence of the diphtheria bacilli is obtained before they are allowed to resume attendance at school.

THE PROVISION OF DIPHTHERIA ANTI-TOXIN.—On August 15th the Local Government Board issued "The Diphtheria Anti-Toxin (outside London) Order, 1910." Sanction the provision of diphtheria anti-toxin for poorer inhabitants. The Health Committee recommended the Council to take advantage of the Order. This the Council did and as a result an agreement was made with one of the local chemists, who for some time had stocked this serum, to supply it to medical men for their poorer patients on written request.

On October 26th the following letter was sent from the Health Department to all medical men residing in the Borough, and to those, though not residents, who practice in the Borough. Along

with the letter were sent a number of Order Forms, which intimated that the serum was either for remedial or prophylactic use.

“ Dear Sir,

PROVISION OF DIPHTHERIA ANTI-TOXIN.

“The Dewsbury Corporation has decided, in accordance with an “Order of the Local Government Board, dated 15th August, 1910, to “supply Diphtheria Anti-Toxin, free of cost, for use in necessitous “cases (viz., when the parents or persons in charge of the case are “unable to afford to pay for it themselves), which may occur in your “practice from time to time, and it is to be used for such cases only, “and they must be bona-fide residents of the Borough.”

“You can obtain it at any time during the night or day from “(*here follows the name and address of the Chemist,*) on presenting “a requisition order duly filled in and signed by yourself, with “particulars of the case for which it is required, and the amount “(number of units) wanted in each instance.”

“The Anti-Toxin will be given to the person handing in the “requisition order duly filled in and signed by you, and the said “person must sign the receipt book presented to them by the “Chemist.”

“A requisition order must be filled in for each separate case, “and it must be understood that the Anti-Toxin supplied is for “immediate use.”

“The above arrangement should ensure the early use of Anti-Toxin even in suspected cases, and its use is not to prevent “subsequent removal to Hospital of proved diphtheria cases where “necessary.”

“Enclosed are a number of order forms. A further supply may “be obtained from the above office.”

Up to the end of the year the serum has been supplied four times.

SMALL-POX.—No case of this dreaded disease occurred in the Borough during the year; but, as a strong believer in the efficacy of vaccination, I regret that the number of exemption orders granted is steadily increasing. The exemptions granted in the four sub-registration districts of Dewsbury, Mirfield, Soothill and Thornhill numbered 157 in the year 1907, whereas the number in 1910 was 563. Re-vaccination should not, in my opinion, be

neglected. I believe a person vaccinated in infancy, re-vaccinated between the ages of 5 and 7 years, and again between 15 and 20 years of age would be practically safe for life as far as contracting small-pox is concerned. It is better to obtain protection before a danger appears than to seek it when the danger is there. That there may be at any time the appearance of this disease in our midst must be remembered.

On receipt of a notification of infectious disease, notice is given to the Librarians of the Dewsbury Public Free Library and the Pioneers' Industrial Society's Library, so that books be not issued to members of the house in which the case exists until the premises are free from infection, notice of which they receive in due course. The Secretary to the Education Committee is also notified, and if any of the inmates attend a day school, the name of the school and the names of the said children are stated; a further notice is sent to him on the expiration of the infectivity. If a case has been sent to the Hospital they are made aware of the fact, so that any other school children in the house may be re-admitted into the school after the necessary period of quarantine, provided no other member of the family has contracted the disease. The Head Teacher of the school implicated and the School Attendance Officers are also informed by written notices when individual children are to be excluded from school on account of infectious disease, and the same applies to exclusion of contacts. A further notice is sent to them when the children may be re-admitted.

Similar information and for the same purposes is sent to the Superintendent of a Sunday School if the case applies.

Disinfection.—On the termination of an infectious illness, or immediately after the removal of a patient to the Infectious Hospital, the necessary disinfection of the house is at once attended to.

Formalin, in the form of vapour or spray, or both, is the agent used, and those articles, such as bedding, clothing, &c., which cannot be thoroughly disinfected by this method, which is a surface one, are removed to the Dépôt and treated in the steam disinfector. There are, of course, separate vehicles for the conveyance of the infected and disinfected articles, and they are kept in a proper condition of cleanliness and repair.

In addition to the routine disinfection of houses after the termination of, or the removal to hospital of a notified case of

infectious disease, the following additional disinfections have been carried out.

SPECIAL DISINFECTIONS.

Four wards at General Infirmary.

Wheelwright School.

Ravensthorpe Elementary Schools (3 times).

Walker's Endowed School (3 times).

Thornhill Edge National Schools (3 times).

Nine Schools during Christmas Holidays.

Seven Houses (18 rooms) at the request of occupiers after prolonged illness.

Twenty-five Houses, (23 Ravensthorpe, 2 Thornhill,) diphtheratic carrier cases.

Moor End Working Men's Club Library.

After Tuberculosis 27. The Registrars send me immediate notice when a death from consumption has been registered.

During the disinfection of certain houses, the rooms at the Disinfecting Station at George Street Dépôt have been used for giving shelter to the inmates of those houses. This station answers its purpose very well, but I hope in the not far distant future you will be able to erect a permanent station, properly constructed with floors and walls of impervious material. The matter has been discussed during the year, but no definite plan has been decided upon.

Non-notifiable Infectious Diseases.—The system which has been in vogue in the Old Borough for several years whereby school teachers and attendance officers notify to me the occurrence of infectious diseases occurring amongst school children now applies to the whole newly constituted Borough. The notifications apply to the "notifiable" and "non-notifiable" diseases. The latter class comprises measles, whooping cough, chicken-pox, mumps, influenza, certain skin diseases such as ringworm, eczema and scabies. In this way the incidence of these diseases can be gauged.

Measles was prevalent in Batley Carr during February, about the Carlton Road School area in March and April, in Eastboro' during April and May, about Boothroyd Lane in April, May, June, July and August, in Westtown during September, October and November.

Whooping cough has not been very prevalent, but cases have occurred, chiefly about Boothroyd Lane in July and August; West-town, Savile Town, Batley Carr and Earlsheaton during the autumn; and a few cases in Ravensthorpe in November and December.

Both measles and whooping cough are very infectious and serious diseases. The patients are very liable to lung complications—pneumonia and bronchitis. In Dewsbury there were during the year 15 deaths from measles and 10 from whooping cough, each disease accounting for more deaths than any of the other infectious diseases, if we exclude consumption. They are very fatal to young children. Eight of the whooping cough deaths occurred in children under 2 years of age, one was aged 2 years, and the remaining one was 3 years old. Of the deaths from measles 11 were under 2 years of age, 2 were 2 years old and 2 were 4 years old.

That children are bound to contract these ailments is quite wrong, and if they are to have it, then sooner the better is a serious error, for younger the child, the more likely it is to die.

Hospital Accommodation for Infectious Diseases.—The Dewsbury Joint Hospital Board comprises Dewsbury, Heckmond-wike, Soothill Upper, Soothill Nether and Ravensthorpe areas. Scarlet Fever, Typhoid Fever and Diphtheria cases are admitted into the Hospital buildings, situated in Soothill Nether, in which there are 70 beds. The Small-pox Hospital is in Ossett, and has 50 beds. At no time during the year have the Board not been able to admit any case which I desired to be taken in.

The following number of specimens have been sent during the year to be examined in the Bacteriological Laboratory, at the County Hall, Wakefield :—

Serum (for enteric fever)	...	...	...	26
Sputum (for tubercle bacilli)	...	...	...	33
Swabbings from throat (for diphtheria bacilli)				
including those from Ravensthorpe School	...			536
Urine	...	...	...	1
Other	...	...	...	83
Total				679

During the year 1907 the number sent was 83.

„	1908	„	95.
„	1909	„	226.
„	1910	„	679.

Systematic Inspection of the Borough.—Systematic inspection of the Borough is made by myself and the Sanitary Inspector, both individually and conjointly. A large amount of time has been taken up since the Amalgamation Order came into force in a general survey and inspection of the added areas, in order to become familiar with the districts, and to learn the general condition of things, and find out in general what matters will have to be dealt with. Thus all the registered premises have been without exception visited. The measuring up and noting the conditions of cowsheds has taken considerable time. The necessary steps to remedy all defects seen have been by no means taken, this will provide work for some time. As far as the general sanitary work is concerned, we have been working without any addition to the staff, and owing to the prevalence of infectious diseases, viz., scarlet fever in Thornhill and diphtheria in Ravensthorpe, the time of the Assistant Inspector was fully taken up, without his being able to do ^{but} very little in the general sanitary work. The distances one has to travel to get to the particular object in view must also be taken into consideration. The fact that you have appointed to the vacant position of Disinfecter a man competent also to make inquiries re infectious diseases, and to superintend the removal of patients to the Isolation Hospital, will help considerably in the systematic work of the department. Owing to the enlargement of the Borough you have decided to increase the staff by one assistant inspector. The recently appointed half-time clerk is a great help in clerical matters.

SANITARY INSPECTION.—The annual report of the Sanitary Inspector shows that during the year there have been—

1713	Inspections of houses and other premises.
2566	Re-inspections „ „
941	Notices issued for sanitary amendments.
246	Letters „ „

The total number of nuisances reported during the year was 1415; of these, 1385 were abated, leaving 30 in hand at the close of the year.

At the close of the year 1909 there were 13 nuisances in hand, all of which have since been remedied.

There were 12 legal notices served during 1910 for the abatement of nuisances.

NOTICES SERVED.

	Dewsbury	Ravens- thorpe.	Soothill Nether.	Soothill Upper.	Thornhill	TOTAL.
To Abolish Defective Privies		43	12		3	58
" " " Ashpits		13	4		3	20
" Provide New Water Closets		49	15		2	67
" " " Ashpits		12	4			16
" Repair Ashpits	35		1			36
" Remove Ashpit Door from Side of Street	1					1
" Provide Doors and Coverings to Ashpit	12					12
" " Fastenings to Doors	20					20
" " Spouting to Ashpit			1			1
" " " Water Closets	1					1
" " Screen Wall to Water Closets	4					4
" Cleanse and Repair " "	59	6			1	66
" Provide Water Supply to " "	4	1				5
" Cleanse Dirty Floors and Seats to Water Closets	18					18
" Limewash Walls and Ceilings to " "	11					11
" Repair Flushing Apparatus to " "	9					9
" Cleanse Ceilings, Walls, Floors, and Staircase to House					1	1
" Abate Nuisance from Overcrowding	6	1				7
" Cleanse and Repair Drain	53	1	5		6	65
" Remove Defective Stone Drain	2					2
" Provide New Sanitary Pipe Drain	30	4	6		3	43
" Disconnect House Sink Waste Pipe from Drain	7	3			1	11
" Provide Dishstones with Loose Grates	28				1	29
" Properly Fix Dishstones to Gullies... ..	181	5	8			194
" Make Sink Waste Pipe Discharge on top of Trapped Gully... ..	15	23	2		1	41
" Provide Trapped Gullies to Untrapped Drains	35	6			1	42
" Repair Sink Waste Pipe	64	6	9			79
" Fix S or P Trap in House Sink Waste Pipe... ..	2		1			3
" Repair Urinal	4		1			5
" Abolish Defective Urinal			1			1
" Provide New " "			2			2
" Remove Water from " Cellars	11	8			1	20
" " Stagnant Water		1				1
" " Animals Improperly Kept	7	2	2		1	12
" " Fowl Houses, Rabbit Hutches, Pigeon Cotes, &c.	7	2	1			10
" " Urine Tubs			2			2
" " Offensive Refuse	19	1	2			23
" " Manure	4	1	1		1	7
" " Foul Brickwork and Soil from Privies		43	12		3	58
" " " " Ashpits		13	4		3	20
" " Manure Pit Door from Side of Street			1			1
" Cleanse the Surface of the Yard	16	2				18
" Repair, Flag, Pave, or Asphalt Yards to Houses	102	5	6		7	120
" Provide or Make Windows to Open in Houses	1					1
" Repair Defective Roofs to Houses	7					7
" Provide Galvanized Iron Receptacles	44	2	5	1	12	64
" Limewash Slaughter House Walls	43	3	4	3	9	62
" Repair Defective Spouts	50					50
" Remove Refuse from Unoccupied House	4					4
" Fasten up Doors and Windows of Unoccupied House	3					3
" Connect Fall Spout to Drain	5					5
" Abolish Defective Manure Pit	4					4
" Construct a Proper Manure Pit	6	1	1			8
" Provide Ventilation Pipe	2					2
" Limewash Walls and Ceilings of Workshop... ..	4					4
" " and Cleanse Water Closets in Workshop	2					2
" Remove Gullies and Drains from Inside the House	1		1			2
" Discontinue to use Shed as a Stable	2					2
" Provide more Efficient Light and Ventilation	6	1	1			8
" Prevent Smoke Nuisance	2					2
" Use such means as will prevent Wet Walls and Floors		2				2
" Discontinue Overcrowding of Cow Sheds	1					1
" " the Washing and Storing of Fish Tubs in Public Streets	1					1
" Provide proper Channelling to Cow Sheds	2					2
" Cement Sides of Cowshed Walls	3					3
" Make Premises fit for Human Habitation	1					1
" Use such means as will prevent Dust being blown on Street	1		1			2
" Repair Slaughter House Floors	3	1	4	1	3	12
TOTALS	965	261	120	5	64	1415

The regular emptying of manure pits should receive more attention. Manure should be removed from pits every week in the summer. It has been conclusively proved that here is the chief breeding places of flies, for the same reason the pits should be completely emptied each time. The pit should be kept in proper repair with smooth cemented walls, so that there will be no crevices, as is seen when bricks are loose, for the fly pupa or chrysalis. It is interesting to know that the development of the fly from the egg may take ten to fourteen days in fermenting material, and, in the absence of artificial heat produced by fermentation, from three to five weeks according to the temperature.

The practise of emptying household slops into street gullies is not confined to the Old Borough. It occurs in the added areas. It is a nuisance, and helps to make the gullies very offensive, especially in warm, dry weather.

A large number of notices have been served to "properly fix dishstones to gullies." The necessity for these notices is really due to bad workmanship at some time back. Instead of the dishstones being properly fixed to the gulley itself, it is quite common to find a course of one, two, three or more layers of brickwork between the two, the joints, if ever they were made sound, have become open, and allows filthy liquids to percolate through and so contaminate the surrounding soil, and to make the cellar walls quite damp.

FLAGGING, ASPHALTING, CONCRETING, OR STONE SETT PAVING OF FORECOURTS, BACKYARDS AND PASSAGE WAYS TO HOUSES.—During the year 49 backyards, forecourts and passage ways to 186 houses have been done, the total area of such being 2,738 superficial square yards.

This work was commenced in April, 1908, and from that time to the present 270 backyards, etc., to 1,566 houses have been asphalted or paved. The total measurement of such is 24,260 superficial square yards.

In all cases, all gullies and drains are examined, and where found defective, made good.

This is undoubtedly a great sanitary improvement, the work done rendering the previous insanitary wet and foul surfaces of the yards and walls impervious to ground saturation. It has also been conducive to greater cleanliness on the part of the occupiers.

Great credit is due to the owners of the property, who have at a great expense made these improvements, and without opposition carried out the requirements.

SMOKE OBSERVATIONS.—13 observations of chimneys have been made as to the issuing of dense black smoke. The results have been reported to you, and on your instructions a letter was sent from the Town Clerk to each of the offenders, asking that they would give the matter their attention in preventing the issuing of dense black smoke.

There has been an unnecessary amount of pollution of the atmosphere by dense black smoke. More frequent observations should be made. Not only is black smoke a sign of waste from the manufacturers' point of view, but from a public point of view a polluted atmosphere is a nuisance and detrimental to health, the inhalation of such causing irritation of the respiratory passages and organs.

Registered Premises.—The number of registered premises within the Borough is as follows:—

	Dewsbury sub-area.	Ravens- thorpe sub-area.	Thornhill sub-area.	Soothill Nether sub-area.	Soothill Upper sub-area.	Total.
Bake-houses	15	5	5	6		31
Slaughter-houses ...	21	3	9	4	3	40
Common Lodging-houses	6					6
Cowsheds	9	5	43	4	8	69
Dairies and Milkshops ...	8		3			11
Tripe-boiling Houses ...	4		1		1	6
Soap-boiling Houses ...	1		1			2
Size Making	1					1
Gut Scraping	1			1		2
Fell Mongering	1					1
	67	13	62	15	11	169

BAKEHOUSES.—The condition of the bake-houses varies, some are perfectly clean and satisfactory in every way. On the whole bake-houses are fairly well kept, but in three cases I had to seriously complain as to the want of cleanliness. There are several instances of untrapped sink waste pipes.

There are three underground bake-houses, one being in Ravens-thorpe and the other two in Soothill Nether.

One bake-house in the Dewsbury area has become dilapidated and very unsatisfactory. The owner is under legal notice to make alterations. Informal notices have been served with respect to another bake-house. Promises to carry out the work have been made in both cases.

In a Soothill Nether bake-house there was "breach of special sanitary requirements for bake-houses (s.s. 97-100)." The work is in progress.

SLAUGHTER-HOUSES.—The number of slaughter-houses has been practically doubled. They have all been inspected, and informal notices have been served where defects have been found, and several subsequent visits to each made.

The following Table shows the number of notices sent and those already complied with:—

	Notices.	Done.
To provide receptacles for garbage ...	24	24
To repair floors of slaughter-houses ...	14	12
Repair or pave yard adjoining ...	11	7
Abolish ashpit	1	1
Raise ashpit floor	1	1
Raise bottom of manure pit and drain ...	1	1
Repair manure pit	1	1
Drain manure pit	1	
Provide surface drainage for yard ...	1	1
Remove manure from yard surface ...	2	2
Drain pining house and stable adjoining ...	2	1
Cleanse drain	1	1
Abolish adjacent privies and substitute pedestal water closets	2	2
Abolish wash-out water closet and substitute single pedestal W.C.	1	
Fix defective dishstone	1	1
Remove pigeon cote from slaughter-house	1	
Make window open for ventilation ...	2	2

In addition to the above notices, 44 "notices to limewash" were sent out, in several cases the whitewashing of the ceilings were omitted, the owners saying they were not accustomed to have this done. On explaining that the "order" included the ceilings they were all attended to.

Visiting slaughter-houses at the time of slaughtering has not been systematically carried out. This has so far been impossible with the present staff. I hope the additional Inspector you are about to appoint will hold the special Certificate in Meat Inspection, so that more attention can be given to this matter than in the past, though seeing the number of slaughter-houses there are, and the distances to be travelled to get to all of them, it will not be possible to visit each and all on all slaughtering occasions. The difficulties of making the inspections under these conditions is one great argument for the provision of a public abattoir.

No tuberculous animals were detected during the year. I myself have only been present on a few occasions at slaughter-houses during slaughtering.

COMMON LODGING HOUSES.—There are the same number as formerly. They are under the supervision of the Police department, and any application for transfer of license is made to that department, and it is granted by the department if they see fit. They are kept, as a rule, in a satisfactory condition. My remarks as to a certain type of "houses-let-in-lodgings" made last year still pertain. In considering bye-laws for houses-let-in-lodgings one of the most important would be concerning overcrowding. The Medical Officer of Health for Sheffield in his Annual Report for 1909, dealing with this subject says "new bye-laws for houses-let-in-lodgings were obtained in 1907. In many ways the new bye-laws are not effective. Inspection at night time for the purpose of stopping over-crowding is very difficult, owing to the fact that there is no bye-law requiring the numbering of the rooms or the fixing up of a placard stating the maximum accommodation of each room. The Local Government Board hold that they have no power to sanction such a byelaw."

COWSHEDS.—There are a large number of cowsheds, especially in the Thornhill area, part of which may be said to be entirely rural. In addition to the 43 milk farms on the register in this area, there are several which come under Section VI., Sub-section 6, of the Dairies, Cowsheds and Milkshops Order of 1885, and are therefore not registered, and one also under Sub-section 5 of Section VI. of the same Order. In the Old Borough there are at present six sheds not in use. Three of these are on the low side of Dewsbury Moor and are the three which I have previously reported on as being

unsatisfactory with respect to drainage, owing to the inaccessibility of the sewer. One has been given up because of the Authority giving legal notice as to overcrowding, the owner selling off rather than reduce the number of cows or provide more accommodation. Every cowshed in the Borough has been inspected and measured up by the Chief Sanitary Inspector and myself (those in the Old Borough were so dealt with some years ago). The conditions found are very variable, from good, indifferent to bad. Much work requires to be done, and which can only be done when the cows are turned out for the summer. It is quite impossible in the scope of this report to go into detail with respect to every shed, but in many cases repairs to floors and channelings must be done, better light and better provision for ventilation must be obtained. In two sheds there was no light whatever. In several instances, that although there is provision for ventilation, the ventilation is not maintained owing to the inlets and outlets being purposely blocked. Drainage in many cases is unsatisfactory or absent altogether. The conditions with respect to cleanliness is variable, in some cases there is no fault to be found, but in others the state is bad. The byre should be kept as sweet and clean as possible, spiders' webs, which are so often to be seen, should be got rid of, they accumulate dust. Dung should be removed as frequently as possible, it should not be accumulated just outside the cowshed, but should be taken away some considerable distance from it.

The question of air space with respect to cattle is a very vexed one, and when one points out that the bye-laws provide that each cow should have at least 800 cubic feet, the farmer objects, he tells us that cows would be starved to death, and for the same reason adequate ventilation is objected to. This objection to air space is entirely a false one, and whether a farmer objects or not as a rule depends on whether the bye-law is infringed or not. If it is bad for a cow to have as much as 800 cubic feet air space, how is it that some of the farmers, even in the rural district of Thornhill, have at present over 900, 1,000, 1,100, 1,200, 1,900 cubic feet air space per cow. Some, not all, farmers are very conservative, and strongly object to any change being suggested in the management of their cows. They maintain that anyone who desires cows to be housed in light, well ventilated sheds has no practical experience of the subject, and that their own method and that of their fathers before them cannot be improved on.

Cattle kept in the open air are much less liable to tuberculosis than those kept in sheds, especially in warm, badly lighted and ventilated ones. It has been proved that Jersey animals, which are supposed to be among the most delicate of the bovine race, not only live, but thrive in the open air in the winter climate of Scotland, provided they get abundance of food. If a cow accustomed to live in a warm, damp atmosphere of a badly ventilated byre, suddenly put to live in a comparatively cool, well ventilated shed during the winter, the chances are that it will take cold, but if it be gradually acclimatized it will thrive in the improved condition of its environment.

The almost general opinion among farmers that a warm cowshed increases the quantity of milk, has not been corroborated by experiments made by John Speir, Esq., of Newton. I quote some conclusions come to by him, as published in the transactions of the Highland and Agricultural Society of Scotland, 1909:—

“There is no difficulty, much less impossibility, in producing milk in freely ventilated byres, in the coldest weather likely to be met in this country, if the cows are freely ventilated and kept sufficiently cool in the early Autumn.”

“While the present experiment shows that rather more milk has been produced under conditions of free ventilation than where ventilation was restricted, it would be injudicious, till these results have been corroborated by other trials, to consider that this will invariably happen, it is unquestionable that the general health of the cows would be better under free than under restricted ventilation.”

“Milk produced in a building kept at a high temperature, or during a warm period, does not seem to be any richer in fat than that produced at a low temperature or during cold weather.”

“It seems hopeless to expect to be able to keep the air of the byre, no matter how the byre may be constructed, at from 60 F. to 63 F., during the ordinary weather of an average winter, without excessive pollution of the air.”

“Any saving in food which is effected by keeping the animals at a higher temperature, is equalled, if not excelled, by improved digestion, when they have plenty of fresh air but a lower temperature.”

“There is reason for believing that those great scourges of the dairyman, mammitis or weeds and tuberculosis, may be reduced to a minimum, if cows are kept in freely ventilated byres in winter.”

The Agriculture College in Shropshire, also, kept a herd of cows under open-air conditions and a similar herd of cows under warm shed conditions. At the end of the first year, the results obtained were as good in the one herd as in the other. After four years' observation, it was found that there was practically no difference between the two herds so far as the quality and the quantity of the milk was concerned.

LIGHTING OF COWSHEDS.—It is frequently stated that cows feed better in a dark place, and that therefore the fewer the windows the better. This is prejudice and not founded on fact. Dark cowsheds favour the multiplication of the tubercle bacillus and other micro-organisms, and also the accumulation of dirt. Light is essential for the health and well-being of the animals in the shed. The English regulations state that every cowshed must be sufficiently lighted. Of course the total area of window space for any shed will vary according to the position of the windows and external conditions. The Scotch regulations provide that window space shall not be less than three square feet for every 800 cubic feet of space in the shed.

The question of a clean and pure milk supply is an important one. We ask for healthy cows, which means properly constructed sheds, clean sheds, clean cows, clean everything, and in doing this we must not overlook the farmers' view of the matter. They tell me the cows to-day cost much more than they did ten or fifteen years ago, and that on the whole they produce less milk. They say that milk farming hardly pays under present conditions. If this is so and the cost of production has to be increased, then what follows is obvious.

In making inspections I have invariably found that milking cans are kept clean. There is practically no storage of milk in connection with farms, as it is taken away for sale almost immediately.

All the sheds in occupation and on the register have a sufficient supply of water, and all but one are connected with the public water service.

No action has been taken by the Council in causing dairy cows in the district to be examined by veterinary surgeons.

TRIPE-BOILING HOUSES.—The number has been increased by two, one in Thornhill area and one in Soothill Upper area. There have been no complaints made during 1910, arising from these premises. Towards the end of 1909, notices were served on one firm with respect to the offensive smells arising from their premises. The work has since been carried out on more cleanly lines, and the yard and certain out-door sheds kept cleaner, but I am still of opinion that the working of the scrutch-press out in the open is liable to be offensive, and should be carried out in a closed room and ventilated into the chimney shaft.

One gut-scraping trade has been commenced in the Soothill Nether area, the premises and drainage being made satisfactory before registration.

Dwellings.—The number of new houses built during the year is 182 (as far as the added areas are concerned the figures date from the date of amalgamation, viz., April 1st).

The houses are mostly scullery houses, a few are cottages, and there are a few villa residences. All houses have through ventilation. They were distributed as follows in the several areas :—

Dewsbury.	Ravensthorpe.	Soothill Nether.	Soothill Upper.	Thornhill.
39	29	13	17	84

Plans of houses are submitted to me for inspection by the Borough Surveyor, and the erection of buildings is supervised by a "Building Inspector." The bye-laws provide for the insertion of a "damp-course" six inches above the surrounding ground. This, of course, is a horizontal damp-course, and is for the purpose of preventing damp rising by capillary attraction up the foundation or cellar walls into the walls above. This "damp-course" has no effect on the passage of moisture horizontally from the earth surrounding the cellar walls, and unless houses are provided with a vertical damp-course, the cellar walls are liable to be more or less always damp. The only objection anybody can have to this vertical damp-course is one of expense, but the extra cost would be fully compen-

sated for by the dryness of the cellar walls, with which opinion I venture to assert the owners of the property will agree.

One house was closed during the year, the owner deciding to do this rather than carry out such alterations and repairs as would render the premises fit for "human habitation."

OVERCROWDING OF DWELLING-HOUSES.—During the year 11 specific investigations have been made respecting this matter, and overcrowding was found to exist in each case. A notice or letter to 7 of the occupiers was sufficient to get a satisfactory result. (The remaining four have been similarly dealt with early in this year 1911.)

HOUSE, TOWN PLANNING, ETC., ACT, 1909.—In September, 1910, the Local Government Board issued Regulations under section 17, sub-section 1, of the above Act.

Under the Regulations dwelling-houses are to be inspected "in detail" both inside and out, and records kept with detailed information concerning such inspections.

The list or lists of dwelling-houses to be inspected are to be prepared by the Medical Officer of Health, or some Officer acting under his direction and supervision.

The Inspections will deal in detail with respect to

1. The arrangement for preventing the contamination of water supply.
2. Closet accommodation.
3. Drainage.
4. The condition of the dwelling-house in regard to light, and free circulation of air, dampness and cleanliness.
5. The paving, drainage and sanitary condition of any yard or out-houses belonging to or occupied with the dwelling-house.
6. The arrangements for the deposit of refuse and ashes.
7. The existence of any room which would, in pursuance of sub-section 7 of section 17 of the Act of 1909, be a dwelling-house so dangerous or injurious to health as to be unfit for human habitation.
8. Any defects in other matters which may tend to render the

dwelling-house dangerous or injurious to the health of the inhabitant.

The records will contain information, under appropriate heading, as to :—

1. The situation of the dwelling-house and its name or number.
2. The name of the officer who made the inspection.
3. The date when the dwelling-house was inspected.
4. The date of the last previous inspection, and a reference to the record thereof.
5. The state of the dwelling-house in regard to each of the matters referred to in Article , of these regulations.
6. Any action taken by the Medical Officer of Health, or other officer of the Local Authority, either independently or on the directions of the Local Authority.
7. The result of any action so taken.
8. Any further action which should be taken in respect of the dwelling-house.

As a result of the above regulations and the enlargement of the Borough, you have decided to make an addition of one inspector to the staff as previously referred to.

98 houses have been inspected (except that detailed measurements of each room have not been made).

The following conditions needing remedying were found :—

Foul privies	..	...	...	55
Defective unused privy		...	...	1
Foul ashpits	...	...	...	19
Defective ashpit	...	...	...	1
Defective fixed dishstones		...	...	15
Defective fixed gullies		...	...	4
Defective channel gully		...	...	1
Broken dishstone	...	...	...	1
Dishstone without grate		...	...	1
Sink waste pipes discharging under dishstones				36
Defective sink waste pipes	...	...	...	8
No hopper leads to long waste pipes		...	...	2

Disused sink and untrapped waste pipe	...	1
Drain in cellars	... ..	8
Water in cellars	... ..	8
Broken fall spouting	... ..	1
Unpaved surface adjoining privies and ashpits in three back streets in connection with above houses.		

The work in connection with the remedying of most of the above defects is in progress, and of those not in progress notices have just been issued, and the owner has promised to carry out the work. Informal notices only have been issued.

None of the above houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.

SEWAGE AND SEWAGE DISPOSAL.

The Dewsbury sub-area is practically a water closet area, I estimate that there are 5,165 water closets and about 40 privies. The water closets are of the single pedestal type, with the exception of a few trough closets. The privies are practically all on the low side of Dewsbury Moor, and a very few at Island View; these cannot be converted into W.C.'s on account of the inaccessibility of the sewers. I cannot give even approximately the numbers of each type of closet in the added areas. In Soothill Upper the privies preponderate, but probably not to a large extent. In Soothill Nether the preponderation of privies over water closets is greater. In Thornhill and Ravensthorpe the water closets are comparatively few, and the number of privies large. The policy of the Dewsbury Corporation should be continued, viz., the conversion of privies to water closets. Privies are certainly a nuisance, and the danger of faecal matter being carried into houses by flies, etc., is no myth. In emptying a privy ashpit the soil around becomes polluted, and is carried into the house on peoples' boots, and the polluted soil when dry blows about as dust. The provision of water closets in Ravensthorpe will obviate the use of "urine tubs" which exist to a large extent.

DEWSBURY SUB-AREA.—The district is systematically sewered, with the exception of the low side of Dewsbury Moor and Island View, rainfall from roads being excluded. I hope the Authority will provide sewers for these small areas.

Sewage is disposed of on the Corporation Sewage Farm, at Mitchell Laithes. The system adopted is intermittent downward filtration.

SOOTHILL UPPER SUB-AREA.—The sewers of this district are joined up to the Dewsbury sub-area sewers, a part of the domestic sewage is on the conservancy system.

RAVENSTHORPE excremental system is to a very large extent on the conservancy system. The district, however, is sewered, the sewage works are on the Spen Beck, and by this Beck separated from the boundary of the Dewsbury sub-area. The method of treatment is as follows:—The sewage gravitates into a tank sewer, is treated with lime, and then pumped into three precipitation tanks and distributed on to about $5\frac{1}{2}$ acres of land before finally discharging into the Beck.

SOOTHILL NETHER SUB-AREA.—Excremental disposal is both on the water carriage and conservancy systems. The sewage works adjoin the Mitchell Laithes works, viz., the Sewage Farm of the Dewsbury sub-area. Treatment is by chemical precipitation and subsequent land treatment.

THORNHILL SUB-AREA.—Excremental disposal is here also on both systems, a very considerable amount being on the conservancy system. Certain parts are not sewered, viz., Whitley and Briestfield.

There are two sewage works, one on the border of the river Calder and situated opposite to the main outfall of the Mitchell Laithes sewage works, the other is at Smithy Brook. The method of treatment at the former is chemical precipitation in tanks and subsequent land treatment. At the latter works the method is by septic tanks and contact beds.

RE-ARRANGEMENT OF THE SEWAGE DISPOSAL WORKS.—This matter is at the present moment being considered by the Council and a scheme has been presented by the Borough Surveyor.

A scheme for the re-arrangement of the sewage disposal works at Smithy Brook has been approved of by the Council. This scheme includes the sewerage of certain parts of Thornhill which are not sewered.

During the early part and middle of the year complaints have been made of offensive manholes and gullies. Nine manholes have been provided with solid covers and three additional ventilators have been made. The main sewers are at present being cleaned. I would draw your attention to section 17, part 3 of the Public Health

Acts (Amendment Act) 1890. This prohibits liquids at a temperature above 110 degrees Fahrenheit being discharged into the sewers. I am of opinion that this is not sufficiently well known and observed. Hot water discharging into the sewers increases the evolution of sewer gases, and has doubtless been one of the contributory causes of the smells complained of.

Household refuse is removed by the Corporation staff, and under the supervision of the Borough Surveyor. Ash-bins are emptied weekly and dry ashpits once in three weeks during the summer, and once a month during the winter. There is a daily collection from shop premises. Privies are emptied once every two to four weeks. Refuse is disposed of in the Corporation destructor. In addition there are several tips for dry ashes.

Water Supply.—The Old Borough of Dewsbury is supplied through the Dewsbury and Heckmondwike Waterworks Board. The gathering ground is situate among the hills in the Parish of Penistone, about 18 miles from Dewsbury centre.

Ravensthorpe and Soothill Nether areas are supplied in bulk through the same Board.

Thornhill and Soothill Upper areas are supplied through the Halifax Waterworks Board.

The supply throughout the year has been sufficient and continuous.

During the year the treatment of the Dewsbury and Heckmondwike Joint Water Board's water, on account of its plumbo-solvency, has been inaugurated. Chalk is the substance employed, it is put into the conduit leading to the Broadstone Reservoir. The Water Engineer informs me that the treatment commenced on June 20th. The amount of chalk put into the conduit is regulated by the acidity of the water as reported by the Analyst at short intervals, and has varied from 1 to $1\frac{1}{2}$ grains per gallon of water. The samples of water taken in order to estimate the acidity, are taken at the place of entry into the reservoir.

The analyses^{es} of the water have invariably shown it to be organically pure, but as is well known, it acts strongly upon lead. In January, 1910, (viz., before the treatment was commenced) the

Analyst adds to his report on the chemical composition of the water the following remarks :—

“This is an organically pure, extremely soft water. The “biological analysis shows in 1, C.C., 50 microbes of a quite harmless character, chiefly of the species known as “*bacillus liquidus*.” “The sample of water acts strongly upon lead, from which it “dissolves as much as $\frac{1}{5}$ grain of lead per gallon in 24 hours, from “old service piping. From bright lead it dissolves one grain of lead “per gallon. It is evident, therefore, that the sample should be “specially neutralised by means of lime.”

In June, 1910, (before treatment was commenced) the Analyst says :—“I strongly advise the addition to this water of one grain “per gallon of finely powdered lime-stone, made into a suitable milk “with the water itself. It should be possible to harden the water “one degree, and if this is done there should be no fear of plumbo- “solvent action. It is the high purity of the water which renders it “plumbo-solvent, and which necessitates the addition of lime.”

In October, 1910, a local Analyst says :—“I may say that for “many years back I have made frequent analysis of the lead in the “pipes in my laboratory, first thing in the morning and before “drawing off any water, which has stood all night in the pipes, and “it has varied from .56 to .90 grains per gallon of lead in solution, “the last two months I find that it is becoming less, and my last “two tests gave .37 and .44 grains per gallon, so that if this “continues, it is a clear indication that the plumbo-solvent action “is becoming less. I may say that I prefer the tests of the water “from my laboratory pipes as against those of previous years, for “here I have the actual use of the water, and a definite comparison “under practical conditions, and from this comparison I can “definitely say with confidence that the plumbo-solvent action of “the water is decreasing.”

In the autumn of 1908 six samples of water were taken from certain houses in order to estimate the amount of lead present. They were taken from domestic taps under ordinary conditions, viz., during the day and not first thing in the early morning, when the water had been standing in the pipes. On December 15th, 1910, I caused to be taken six samples of water for the same purpose, under ordinary conditions, viz., between 9.30 a.m. and noon, the water being drawn direct into the sample bottles. I intended that the

samples should be taken from the same houses as were the 1908 samples, but in four cases (A. D. E. F.) the occupants of the houses being out, the samples were taken next door in each case, so there is some little difference in the conditions. Again on January 5th of this year six more samples were taken from the same houses as as were the December samples taken and under similar conditions. The six houses were not close together, but scattered in different parts of the old Borough.

The following table gives the various results :

	Samples taken on Oct. 14th, 1908. <small>Except A. which was taken Nov. 4th, 1908.</small>	Samples taken Dec. 15th, 1910.	Samples taken Jan. 5th, 1911.
SAMPLE.	Quantity of Lead in grains per gallon	Quantity of Lead in grains per gallon	Quantity of Lead in grains per gallon
A	3·3	3·6	5·25
	100	100	100
B	12	10·5	1·75
	100	100	100
C	5	1	Nil.
	100	70	
D	20	5·5	8·75
	100	100	100
E	30	5	3·5
	100	100	100
F	10	7·7	7
	100	100	100

Taking the results of the analyses as a whole, there is a decided evidence of improvement, but it is evident that the subject requires careful supervision and thought. Sample B, taken on December 15th, 1910, and samples D and F, taken on January 5th, 1911, prove this. I would suggest that the amount of chalk added be slightly increased.

FOOD AND DRUGS ACT.

During the year 60 samples have been submitted to the Public Analyst as under :—

ARTICLE.	Total No. Analysed.	No. of Legal Samples.	No. of Informal Samples.	RESULTS.			
				Genuine Samples.		Adulterated Samples	
				Legal.	Informal.	Legal.	Informal.
New Milk ...	15	15		15			
Butter ...	15		15		15		
Margarine ..	15		15		15		
Condensed Milk	15		15		15		
Totals ...	60	15	45	15	45		

Informal samples are those actually bought by some person other than those legally authorised to take samples for the purpose of analysis, but the samples are bought on behalf of the Inspector for the purpose of analysis, though the Vendors are unaware of the fact.

The Analyst reports that all of the 60 samples were genuine, but that two samples, viz., Nos. 7 and 43, were of poor quality. These were two of the milk samples. The first was one of a number taken on June 14th, and the second, one of a number taken on December 13th. The analyses of these two samples were as follows :—

			Sample No. 7.	Sample No. 43.
Total Solids	...	...	11·80	11·69
Solids not Fat	...	...	8·59	8·69
Fat	...	...	3·21	3·00

In none of the milk or condensed milk samples were any preservatives present.

One of the samples of butter contained ·22 per cent. of Boric Acid. All the samples of margarine contained Boric Acid, varying in amount from ·12 per cent. to ·33 per cent.

REGISTRATION OF PREMISES UNDER THE BUTTER AND MARGARINE ACT, 1907.

One application was made under the above Act in December. The premises were visited, but certain unsatisfactory conditions being found with respect to the sanitation, the certificate was not

then granted. Alterations have since been made and the sanitary conditions made satisfactory. The necessary certificate of registration has now been granted.

WHOLESALE AND RETAIL MARKETS.--The markets are inspected during market days. The Inspector calls my attention to any articles of food which he suspects to be unfit for human consumption.

During the year there were three seizures of unsound food but no prosecutions, the attention of the Inspector being called to the condition of the food by the owners. The seizures were :

Two boxes of fish (haddock).
 Nine pieces of beef weighing 199 lbs.
 Seven boxes of fish (hake).

FOOD AND DRUGS ACT, 1899, (sect. 9).—This section of the Act provides that "Every person who, himself or by his servant, in any highway or place of public resort, sells milk or cream from a vehicle or from a can or other receptacle, shall have conspicuously inscribed on the vehicle or receptacle his name and address, and in default shall be liable on summary conviction to a fine not exceeding two pounds."

The Inspector informs me that during the year it has not been necessary to warn any vendors of their liability for non-compliance with this Act.

FACTORY AND WORKSHOPS.—There are 130 factories and 345 workshops on the register.

The workshops comprise the following :

Bakehouses	32
Rag sorting	72
Boot and clog repairs	52
Plumbing	25
Joinery and cabinet making	22
Hand loom weaving	10
Millinery	40
Tailoring	17
Others	75
	<hr/>
	345

There have been 178 inspections and 29 written notices, viz. :

	Inspections.	Written Notices.
Factories	20	3
Workshops and work-places	158	26
	<hr/> 178	<hr/> 29

The number of defects found is shown in the following table and distributed amongst the several areas.

DEFECTS.	Dewsbury.	Ravens- thorpe.	Soothill Nether.	Totals.
Dirty walls, ceilings, ^o taps, passage ways, staircases and water closets	6			6
Not having proper recep- tacles for refuse	4			4
Surface of yards in an insanitary state	3			3
Defective drains and lav- atory waste pipes	1		3	4
Water closets not having intervening space and not being sufficiently ventilated	2	3	1	6
Dust from shaking mach- ines being deposited on houses and streets... ..	1		1	2
Inefficient water supply to water closets		1		1
Accumulation of shoddy dust near to houses		1		1
Burning of refuse from rug making	1			1
	<hr/> 18	<hr/> 5	<hr/> 5	<hr/> 28

Notices were served in each case to abate the nuisance, all have been satisfactorily dealt with, with the exception of those arising from shaking machines, and these are under observation.

Section 22 of the Public Health Acts (Amendment Act), 1890, is in force in the district, the standard adopted being one closet for every 20 persons, and separate ones for the two sexes. Attention is being paid to the provision of a ventilating space between the closet and the workroom.

Ten notices were received from H.M. Inspector of Factories *re*

matters remediable under the Public Health Acts. All have been remedied.

UNDERGROUND BAKEHOUSES.—There are three underground bakehouses, one in Ravensthorpe and two in Soothill Nether. All these were established before the passing of the Act in 1901, which prohibited underground bakehouses, unless so used before the passing of the Act. The Act, however, provides that these, after January 1st, 1904, shall not be used, unless certified by the District Council to be suitable for the purpose. The proprietors have no written certificate allowing their continuance, and have evidently neglected to act through ignorance. I have written to the owner of each asking them to make application for the certificate.

HOME WORK ORDER.—One list of outworkers under the Home Work Order of 1905 has been received. The list contains only one name and is not applicable as the place of work is itself a registered workshop. It is evident that there are no home workers according to the Order in Dewsbury. Special explanation of this Order and enquiries as to home workers have been made throughout the district in 1910.

MEDICAL INSPECTION OF CHILDREN IN PUBLIC ELEMENTARY SCHOOLS.—The Medical Officer of Health is also the Medical Officer to the Education Authority. I am personally carrying out the duties of this office, as sanctioned by the Board of Education. The children selected for systematic examination are the new comers, and those who will be entitled to leave school before August, 1911. A special report will be issued in due course.

Local Government Board Tables.

TABLE I.

Vital Statistics of Whole District during 1910 and previous years.

Dewsbury M.B.

Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.					TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
	Population estimated to Middle of each Year.	Number.	Rate.	Under 1 Year of Age.		At all Ages.					Number.	Rate.
				Number.	Rate per 1,000 Births registered.	Number.	Rate.					
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1900	28180	655	23.3	154	231	642	23.8	113	88	...	554	19.7
1901	28017	689	24.6	122	177	626	22.4	133	73	9	562	20.1
1902	27844	635	22.8	87	137	569	20.4	139	74	9	504	18.1
1903	27673	660	23.8	124	187	595	21.5	156	81	14	527	19.0
1904	27502	671	24.39	111	168	675	22.5	239	119	14	570	20.72
1905	27333	653	23.89	126	192	608	22.2	173	102	16	522	19.09
1906	27255	639	23.44	109	170	580	21.8	169	99	16	497	18.23
1907	27118	592	21.83	94	158	595	21.94	176	115	12	492	18.14
1908	26987	592	21.93	98	165	595	22.04	185	100	20	513	19.0
1909	26967	559	20.72	86	153.84	594	22.02	166	99	14	509	18.87
Averages for years 1900-1909.	27497.6	634.5	23.07	111.1	173.884	607.9	22.06	164.9	95	12.4	525	19.095
1910	51224	1061	20.71	156	147.12	912	17.8	186	82	16	846	16.51

Area of District in acres (exclusive of area covered by water) ... 6,612.

Total population at all ages ... 51,266 } Calculated on the supposition that in 1901 Dewsbury was constituted as it is to-day, viz., by the additions of Ravensthorpe, Thornhill, Soothill, Netber and part of Soothill Upper.

Number of inhabited houses ... 12,039 } of 1901.

Average number of persons per house 4.2 }

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institutions, the deaths in which have been distributed among the several localities in the District.
<p>Dewsbury Union Workhouse.</p> <p>Dewsbury and District General Infirmary.</p> <p>Dewsbury Joint Hospital Board's Isolation Hospital.</p>	<p>Dewsbury Joint Hospital Board's Small Pox Hospital (if necessary).</p> <p>The West Riding Asylums.</p>	<p>Leeds General Infirmary.</p> <p>Mirfield Memorial Hospital.</p>

TABLE II.

Vital Statistics of separate Localities in 1910 and previous years.
Dewsbury M.B.

Names of Localities.	Dewsbury Municipal Borough.				Dewsbury Sub-registration District.				Ravensthorpe Registrar's Returns.				Soothill Registrar's Returns.				Thornhill Registrar's Returns.			
	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1900					28180	655	554	154					10350	280			10350	280		33
1901					28017	689	562	122					10290	293			10290	293		37
1902					27844	635	504	87					10325	256			10325	256		30
1903					27673	660	527	124					10400	285			10400	285		36
1904					27502	671	570	111					10450	256			10450	256	146	19
1905					27333	653	522	126					10480	269			10480	269	153	29
1906					27255	639	497	109					10540	247			10540	247	173	45
1907					27118	592	492	94					11400	243			11400	243	137	23
1908					26987	592	513	98					11600	272			11600	272	164	36
1909					26967	559	509	86					11660	266			11660	266	164	41
Averages of Years 1900 to 1909.					27497	634.5	525	111.1									10749.5	266.7	156	32.9
1910	51224	1061	846	156	26687	565	488	90	6245	118	84	12	7255	135	121	18	11039	243	153	36

TABLE III.

Cases of Infectious Disease Notified during the Year 1910. Dewsbury M.B.

Notifiable Disease.	Cases Notified in Whole District.						Total Cases Notified in each Locality.				No. of Cases removed to Hospital from each Locality.			
	At all Ages.	At Ages—Years.					Dewsbury.	Ravensth'pe	Thornhill.	Soothill.	Dewsbury.	Ravensth'pe	Thornhill.	Soothill.
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.								
Small-pox ...														
Cholera ...														
Diphtheria (including Membranous Group)	46	1	17	24	2	2	11	22	7	6	8	13	4	29
Erysipelas ...	26				5	19	10	1	6	9				
Scarlet Fever ...	112	8	35	56	11	2	45	9	45	13	39	7	35	88
Typhus Fever ...														
Enteric Fever ...	15			3	6	5	7	2	2	4	5	2	1	11
Relapsing Fever ...														
Continued Fever ...	6				2	4	2		2	2				
Puerperal Fever ...														
Plague ...														
Totals ...	205	9	52	83	26	32	75	34	62	34	52	22	40	128

Isolation Hospital—Name and Situation—

Dewsbury Joint Hospital Board's Isolation Hospital, situate in Soothill Nether, Dewsbury.
Total available beds, 70. Number of Diseases that can be concurrently treated, 3.

Dewsbury Joint Hospital Board's Smallpox Hospital, situate in Ossett.

Total available Beds 50. Number of Diseases that can be concurrently treated, 1.
(W) Workhouse situate partly in Dewsbury and partly in Batley.

TABLE IV.

Causes of, and Ages at, Death, during the year 1910.

Dewsbury M.B.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Local- ities whether occurring in or beyond the District.				Total Deaths whether of "Residents" or "Non- Residents" in Public Institutions in the District.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Dewsbury.	Ravens- thorpe.	Soothill.	Thornhill.	
Small-pox ...												
Measles ...	15	2	13					14			1	
Scarlet Fever ...	4	1	1	2				3			1	6
Whooping Cough ...	10	4	6					5	2	1	2	
Diphtheria (including Membranous Croup) ...	7	1	2	4				2	1	1	3	2
Croup ...	1	1							1			
Fever } Typhus ...												
} Enteric... ..	7			1	2	3	1	4	2		1	5
} Other continued...												
Epidemic Influenza ...	18			2	1	10	5	11	2	1	4	5
Cholera ...												
Plague ...												
Diarrhoea ...	14	9	4				1	9	1		4	1
Enteritis ...	7	3	2				2	6		1		2
Gastritis ...	6	1	3			1	1	6				
Puerperal Fever ...	5				1	4		2		2	1	1
Erysipelas ...	2					2		1	1			
Phthisis (Pulmonary Tuberculosis)... ..	42			1	7	33	1	24	7	1	10	13
Other Tuberculous Diseases ...	22	7	6	1	4	4		13	1	5	3	2
Cancer, Malignant Disease ...	54					40	14	35	3	9	7	12
Bronchitis ...	73	11	5			18	39	44	7	12	10	6
Pneumonia ...	66	17	16	5	2	22	4	44	4	7	11	14
Pleurisy ...												
Other Diseases of Respiratory Organs ...	6		1			3	2	3		2	1	3
Alcoholism, Cirrhosis of Liver ...	2					2		1		1		
Venereal Diseases ...	1	1								1		
Premature Birth ...	34	34						18	5	2	9	3
Diseases and Accidents of Parturition ...	6	4				2		3	2	1		
Heart Diseases ...	84			2	2	56	24	50	6	11	17	17
Accidents ...	11	1			1	5	4	8	1	1	1	6
Suicides ...	10					7	3	6		4		2
All other causes ...	339	59	15	5	7	113	140	176	38	58	67	86
All causes ...	846	156	74	23	27	325	241	488	84	121	153	186

TABLE V.

Infantile Mortality during the year 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified ..	59	6	4	3	72	10	7	7	7	8	4	6	6	12	9	8	156
	Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Infectious Diseases.	Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Chicken-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	2
	Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	Diphtheria (including Membranous Croup) ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Diarrhoeal Diseases.	Whooping Cough ..	..	..	..	..	1	..	..	1	..	..	..	..	..	1	1	..	4
	Diarrhoea, all forms ..	..	..	..	..	..	..	1	1	..	2	..	..	1	3	..	1	9
	Enteritis, Muco-enteritis, Gastro-enteritis ..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	3
	Gastritis. Gastro-intestinal Catarrh ..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Wasting Diseases.	Premature Birth ..	30	1	1	1	33	..	1	..	..	..	..	..	..	..	..	..	34
	Congenital Defects ..	6	..	1	..	7	2	..	..	..	1	1	..	..	1	..	..	12
	Injury at Birth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Want of Breast Milk, Starvation ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
	Atrophy, Debility, Marasmus ..	11	1	2	..	14	6	..	1	1	..	..	..	..	..	..	..	22
Tuberculous Diseases.	Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	Tuberculous Peritonitis: Tabes Mesenterica ..	..	..	..	..	..	..	..	..	2	..	..	..	..	1	1	..	4
	Other Tuberculous Diseases ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	2
Other Causes.	Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Syphilis ..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	1
	Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Meningitis (not Tuberculous) ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	2
	Convulsions ..	5	2	..	..	7	1	..	..	1	1	1	..	..	1	3	1	16
	Bronchitis ..	..	..	..	1	1	..	2	1	1	1	..	3	1	..	1	..	11
	Laryngitis ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
	Pneumonia ..	..	..	..	..	..	..	1	1	1	1	2	1	2	2	1	5	17
	Suffocation, overlying ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Other causes ..	6	1	..	..	7	..	1	..	..	..	..	..	..	..	1	1	10
Totals ..		59	6	4	3	72	10	7	7	7	8	4	6	6	12	9	8	156

District (or sub-division) of Dewsbury M.B.

Population (estimated to middle of 1910) 51,224.

Births in the year { legitimate 1010. Deaths in the year of { legitimate infants 144.
 { illegitimate 53. { illegitimate infants 12.

Deaths from all causes at all ages, 846.

DEWSBURY BOROUGH.

Return of the number of cases of Infectious Disease reported to the Medical Officer of Health during the year 1910, and of deaths from the diseases notified.

				Cases Notified in 1910.	Deaths Registered in 1910.
Small-pox	...	...	...	0	0
Scarlatina or Scarlet Fever	...	...	...	112	4
Diphtheria (including Membranous Croup)				46	7
Typhus Fever	...	...	...	0	0
Enteric or Typhoid Fever	...	...	...	15	7 and 1
Continued Fever	...	...	...	0	0
Relapsing Fever	...	...	...	0	0
Puerperal Fever	...	...	...	6	5
Erysipelas	...	...	...	26	2

Dated February 6th, 1911.

NOTE.—The above figures include notifications and deaths during January, February and March, for those areas added to Dewsbury on April 1st, 1910.



